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(54) **BODY ADHERENT PATCH WITH ELECTRONICS FOR PHYSIOLOGIC MONITORING**

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See application file for complete search history.

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(56) **References Cited**

U.S. PATENT DOCUMENTS

834,261 A 10/1906 Chambers
2,087,124 A 7/1937 Smith et al.

(Continued)

FOREIGN PATENT DOCUMENTS

WO WO 00/79255 A1 12/2000
WO WO 02/092101 A1 11/2002

(Continued)

OTHER PUBLICATIONS

“Acute Decompensated Heart Failure” —Wikipedia Entry, downloaded from: <http://en.wikipedia.org/wiki/Acute_decompensated_heart_failure>, entry page created in 2008, 6 pages total.

(Continued)

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(57) **ABSTRACT**

In one configuration, an adherent device to adhere to a skin of a subject includes a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of the subject. The base layer has at least two openings extending therethrough, each of the at least two openings having a size. The adherent device also includes a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets. The adherent device also includes at least two gels, each gel having a size larger than the size of openings to retain the gel substantially within the pocket, and a circuit carrier supported with the stretchable base layer to measure at least one physiologic signal of the subject. Other configurations and methods are also claimed.

21 Claims, 7 Drawing Sheets

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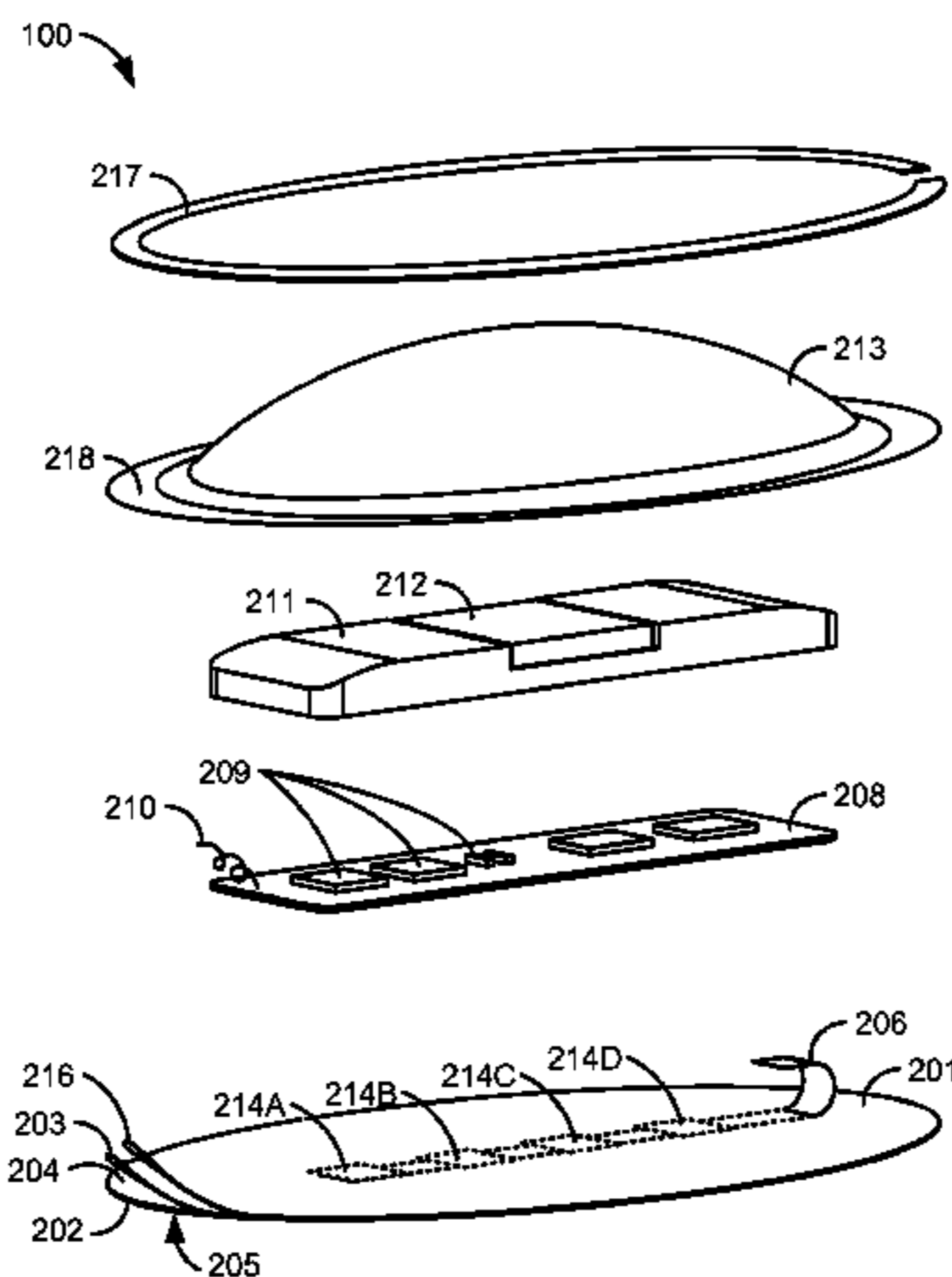
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(51)	Int. Cl.		5,226,417 A	7/1993	Swedlow et al.
	<i>A61B 5/0432</i>	(2006.01)	5,241,300 A	8/1993	Buschmann
	<i>A61B 5/00</i>	(2006.01)	5,257,627 A	11/1993	Rapoport
			5,271,411 A	12/1993	Ripley et al.
			5,273,532 A	12/1993	Niezink et al.
(56)	References Cited		5,282,840 A	2/1994	Hudrlik
	U.S. PATENT DOCUMENTS		5,291,013 A	3/1994	Nafarrate et al.
			5,297,556 A	3/1994	Shankar
			5,301,677 A	4/1994	Hsung
			5,319,363 A	6/1994	Welch et al.
	2,184,511 A	12/1939 Bagno et al.	5,331,966 A	7/1994	Bennett et al.
	3,170,459 A	2/1965 Phipps et al.	5,335,664 A	8/1994	Nagashima
	3,232,291 A	2/1966 Parker	5,343,869 A	9/1994	Pross et al.
	3,370,459 A	2/1968 Cescati	5,353,793 A	10/1994	Bornn
	3,517,999 A	6/1970 Weaver	5,362,069 A	11/1994	Hall-Tipping
	3,620,216 A	11/1971 Szymanski	5,375,604 A	12/1994	Kelly et al.
	3,677,260 A	7/1972 Funfstuck et al.	5,406,945 A	4/1995	Riazzi et al.
	3,805,769 A	4/1974 Sessions	5,411,530 A	5/1995	Akhtar
	3,845,757 A	11/1974 Weyer	5,437,285 A	8/1995	Verrier et al.
	3,874,368 A	4/1975 Asrican	5,443,073 A	8/1995	Wang et al.
	3,882,853 A	5/1975 Gofman et al.	5,449,000 A	9/1995	Libke et al.
	3,942,517 A	3/1976 Bowles et al.	5,450,845 A	9/1995	Axelgaard
	3,972,329 A	8/1976 Kaufman	5,454,377 A	10/1995	Dzwonczyk et al.
	4,008,712 A	2/1977 Nyboer	5,464,012 A	11/1995	Falcone
	4,024,312 A	5/1977 Korpman	5,469,859 A	11/1995	Tsoglin et al.
	4,077,406 A	3/1978 Sandhage et al.	5,482,036 A	1/1996	Diab et al.
	4,102,331 A *	7/1978 Grayzel et al. 600/385	5,503,157 A	4/1996	Sramek
	4,121,573 A	10/1978 Crovella et al.	5,511,548 A	4/1996	Riazzi et al.
	4,141,366 A	2/1979 Cross, Jr. et al.	5,511,553 A	4/1996	Segalowitz
	RE30,101 E	9/1979 Kubicek et al.	5,518,001 A	5/1996	Snell
	4,185,621 A	1/1980 Morrow	5,523,742 A	6/1996	Simkins et al.
	4,216,462 A	8/1980 McGrath et al.	5,529,072 A	6/1996	Sramek
	4,300,575 A	11/1981 Wilson	5,544,661 A	8/1996	Davis et al.
	4,308,872 A	1/1982 Watson et al.	5,558,638 A	9/1996	Evers et al.
	4,358,678 A	11/1982 Lawrence	5,560,368 A	10/1996	Berger
	4,409,983 A	10/1983 Albert	5,564,429 A	10/1996	Bornn et al.
	4,450,527 A	5/1984 Sramek	5,564,434 A	10/1996	Halperin et al.
	4,451,254 A	5/1984 Dinius et al.	5,566,671 A	10/1996	Lyons
	4,478,223 A	10/1984 Allor	5,575,284 A	11/1996	Athan et al.
	4,498,479 A	2/1985 Martio et al.	5,607,454 A	3/1997	Cameron et al.
	4,522,211 A	6/1985 Bare et al.	5,632,272 A	5/1997	Diab et al.
	4,661,103 A	4/1987 Harman	5,634,468 A	6/1997	Platt et al.
	4,664,129 A	5/1987 Helzel et al.	5,642,734 A	7/1997	Ruben et al.
	4,669,480 A	6/1987 Hoffman	5,673,704 A	10/1997	Marchlinski et al.
	4,673,387 A	6/1987 Phillips et al.	5,678,562 A	10/1997	Sellers
	4,674,511 A	6/1987 Cartmell	5,687,717 A	11/1997	Halpern et al.
	4,681,118 A	7/1987 Asai et al.	5,718,234 A	2/1998	Warden et al.
	4,692,685 A	9/1987 Blaze	5,724,025 A	3/1998	Tavori
	4,699,146 A	10/1987 Sieverding	5,738,107 A	4/1998	Martinsen et al.
	4,721,110 A	1/1988 Lampadius	5,748,103 A	5/1998	Flach et al.
	4,730,611 A	3/1988 Lamb	5,767,791 A	6/1998	Stoop et al.
	4,781,200 A	11/1988 Baker	5,769,793 A	6/1998	Pincus et al.
	4,793,362 A	12/1988 Tedner	5,772,508 A	6/1998	Sugita et al.
	4,838,273 A	6/1989 Cartmell	5,772,586 A	6/1998	Heinonen et al.
	4,838,279 A	6/1989 Fore	5,778,882 A	7/1998	Raymond et al.
	4,850,370 A	7/1989 Dower	5,788,643 A	8/1998	Feldman
	4,880,004 A	11/1989 Baker, Jr. et al.	5,803,915 A	9/1998	Kremenchugsky et al.
	4,895,163 A	1/1990 Libke et al.	5,807,272 A	9/1998	Kun
	4,911,175 A	3/1990 Shizgal	5,814,079 A	9/1998	Kieval et al.
	4,945,916 A	8/1990 Kretschmer et al.	5,817,035 A	10/1998	Sullivan
	4,955,381 A	9/1990 Way et al.	5,833,603 A	11/1998	Kovacs et al.
	4,966,158 A	10/1990 Honma et al.	5,836,990 A	11/1998	Li
	4,981,139 A	1/1991 Pfohl	5,855,614 A	1/1999	Stevens et al.
	4,988,335 A	1/1991 Prindle et al.	5,860,860 A	1/1999	Clayman
	4,989,612 A	2/1991 Fore	5,862,802 A	1/1999	Bird
	5,001,632 A	3/1991 Hall-Tipping	5,862,803 A	1/1999	Besson et al.
	5,012,810 A	5/1991 Strand et al.	5,865,733 A	2/1999	Malinouskas et al.
	5,025,791 A	6/1991 Niwa	5,876,353 A	3/1999	Riff
	5,027,824 A	7/1991 Dougherty et al.	5,904,708 A	5/1999	Goedeke
	5,050,612 A	9/1991 Matsumura	5,935,079 A	8/1999	Swanson et al.
	5,063,937 A	11/1991 Ezenwa et al.	5,941,831 A	8/1999	Turcott
	5,080,099 A	1/1992 Way et al.	5,944,659 A	8/1999	Flach et al.
	5,083,563 A	1/1992 Collins	5,949,636 A	9/1999	Johnson et al.
	5,086,781 A	2/1992 Bookspan	5,957,854 A	9/1999	Besson et al.
	5,113,869 A	5/1992 Nappholz et al.	5,957,861 A	9/1999	Combs et al.
	5,125,412 A	6/1992 Thornton	5,964,703 A	10/1999	Goodman et al.
	5,133,355 A	7/1992 Strand et al.	5,970,986 A	10/1999	Bolz et al.
	5,140,985 A	8/1992 Schroeder et al.	5,984,102 A	11/1999	Tay
	5,150,708 A	9/1992 Brooks	5,987,352 A	11/1999	Klein et al.
	5,168,874 A	12/1992 Segalowitz			

(56)

References Cited

U.S. PATENT DOCUMENTS

6,007,532 A	12/1999	Netherly	6,544,174 B2	4/2003	West et al.
6,027,523 A	2/2000	Schmieding	6,546,285 B1	4/2003	Owen et al.
6,045,513 A	4/2000	Stone et al.	6,551,251 B2	4/2003	Zuckerwar et al.
6,047,203 A	4/2000	Sackner et al.	6,551,252 B2	4/2003	Sackner et al.
6,047,259 A	4/2000	Campbell et al.	6,569,160 B1	5/2003	Goldin et al.
6,049,730 A	4/2000	Kristbjarnarson	6,572,557 B2	6/2003	Tchou et al.
6,050,267 A	4/2000	Nardella et al.	6,572,636 B1	6/2003	Hagen et al.
6,050,951 A	4/2000	Friedman et al.	6,577,139 B2	6/2003	Cooper
6,052,615 A	4/2000	Feild et al.	6,577,893 B1	6/2003	Besson et al.
6,080,106 A	6/2000	Lloyd et al.	6,577,897 B1	6/2003	Shurubura et al.
6,081,735 A	6/2000	Diab et al.	6,579,231 B1	6/2003	Phipps
6,095,991 A	8/2000	Krausman et al.	6,580,942 B1	6/2003	Willshire
6,102,856 A	8/2000	Groff et al.	6,584,343 B1	6/2003	Ransbury et al.
6,104,949 A	8/2000	Pitts Crick et al.	6,587,715 B2	7/2003	Singer
6,112,224 A	8/2000	Peifer et al.	6,589,170 B1	7/2003	Flach et al.
6,117,077 A	9/2000	Del Mar et al.	6,595,927 B2	7/2003	Pitts-Crick et al.
6,125,297 A	9/2000	Siconolfi	6,595,929 B2	7/2003	Stivoric et al.
6,129,744 A	10/2000	Boute	6,600,949 B1	7/2003	Turcott
6,141,575 A	10/2000	Price	6,602,201 B1	8/2003	Hepp et al.
6,144,878 A	11/2000	Schroepfel et al.	6,605,038 B1	8/2003	Teller et al.
6,164,284 A	12/2000	Schulman et al.	6,611,705 B2	8/2003	Hopman et al.
6,181,963 B1 *	1/2001	Chin et al. 604/20	6,611,783 B2	8/2003	Kelly et al.
6,185,452 B1	2/2001	Schulman et al.	6,616,606 B1	9/2003	Petersen et al.
6,190,313 B1	2/2001	Hinkle	6,622,042 B1	9/2003	Thacker
6,190,324 B1	2/2001	Kieval et al.	6,636,754 B1	10/2003	Baura et al.
6,198,394 B1	3/2001	Jacobsen et al.	6,641,542 B2	11/2003	Cho et al.
6,198,955 B1 *	3/2001	Axelgaard et al. 600/391	6,643,541 B2	11/2003	Mok et al.
6,208,894 B1	3/2001	Schulman et al.	6,645,153 B2	11/2003	Kroll et al.
6,212,427 B1	4/2001	Hoover	6,649,829 B2	11/2003	Garber et al.
6,213,942 B1	4/2001	Flach et al.	6,650,917 B2	11/2003	Diab et al.
6,225,901 B1	5/2001	Kail, IV	6,658,300 B2	12/2003	Govari et al.
6,245,021 B1	6/2001	Stampfer	6,659,947 B1	12/2003	Carter et al.
6,259,939 B1	7/2001	Rogel	6,659,949 B1	12/2003	Lang et al.
6,272,377 B1	8/2001	Sweeney et al.	6,687,540 B2	2/2004	Marcovecchio
6,277,078 B1	8/2001	Porat et al.	6,697,658 B2	2/2004	Al-Ali
6,287,252 B1	9/2001	Lugo	RE38,476 E	3/2004	Diab et al.
6,289,238 B1	9/2001	Besson et al.	6,699,200 B2	3/2004	Cao et al.
6,290,646 B1	9/2001	Cosentino et al.	6,701,271 B2	3/2004	Willner et al.
6,295,466 B1	9/2001	Ishikawa et al.	6,714,813 B2	3/2004	Ishigooka et al.
6,305,943 B1	10/2001	Pougatchev et al.	RE38,492 E	4/2004	Diab et al.
6,306,088 B1	10/2001	Krausman et al.	6,721,594 B2	4/2004	Conley et al.
6,308,094 B1	10/2001	Shusterman et al.	6,728,572 B2	4/2004	Hsu et al.
6,312,378 B1	11/2001	Bardy	6,748,269 B2	6/2004	Thompson et al.
6,315,721 B2	11/2001	Schulman et al.	6,749,566 B2	6/2004	Russ
6,327,487 B1	12/2001	Stratbucker	6,751,498 B1	6/2004	Greenberg et al.
6,336,903 B1	1/2002	Bardy	6,760,617 B2	7/2004	Ward et al.
6,339,722 B1	1/2002	Heethaar et al.	6,773,396 B2	8/2004	Flach et al.
6,343,140 B1	1/2002	Brooks	6,775,566 B2	8/2004	Nissila
6,347,245 B1	2/2002	Lee et al.	6,790,178 B1	9/2004	Mault et al.
6,358,208 B1	3/2002	Lang et al.	6,795,722 B2	9/2004	Sheraton et al.
6,385,473 B1	5/2002	Haines et al.	6,814,706 B2	11/2004	Barton et al.
6,398,727 B1	6/2002	Bui et al.	6,816,744 B2	11/2004	Garfield et al.
6,400,982 B2	6/2002	Sweeney et al.	6,821,249 B2	11/2004	Casscells, III et al.
6,411,853 B1	6/2002	Millot et al.	6,824,515 B2	11/2004	Suorsa et al.
6,416,471 B1	7/2002	Kumar et al.	6,827,690 B2	12/2004	Bardy
6,442,422 B1	8/2002	Duckert	6,829,503 B2	12/2004	Alt
6,450,820 B1	9/2002	Palsson et al.	6,858,006 B2	2/2005	MacCarter et al.
6,450,953 B1	9/2002	Place et al.	6,871,211 B2	3/2005	Labounty et al.
6,453,186 B1	9/2002	Lovejoy et al.	6,878,121 B2	4/2005	Krausman et al.
6,454,707 B1	9/2002	Casscells, III et al.	6,879,850 B2	4/2005	Kimball
6,454,708 B1	9/2002	Ferguson et al.	6,881,191 B2	4/2005	Oakley et al.
6,459,930 B1	10/2002	Takehara et al.	6,887,201 B2	5/2005	Bardy
6,463,328 B1	10/2002	John	6,890,096 B2	5/2005	Tokita et al.
6,473,640 B1	10/2002	Erlebacher	6,893,396 B2	5/2005	Schulze et al.
6,480,733 B1	11/2002	Turcott	6,894,204 B2	5/2005	Dunshee
6,480,734 B1	11/2002	Zhang et al.	6,906,530 B2	6/2005	Geisel
6,485,461 B1	11/2002	Mason et al.	6,912,414 B2	6/2005	Tong
6,490,478 B1	12/2002	Zhang et al.	6,936,006 B2	8/2005	Sabra
6,491,647 B1	12/2002	Bridger et al.	6,940,403 B2	9/2005	Kail, IV
6,494,829 B1	12/2002	New, Jr. et al.	6,942,622 B1	9/2005	Turcott
6,512,949 B1	1/2003	Combs et al.	6,952,695 B1	10/2005	Trinks et al.
6,520,967 B1	2/2003	Cauthen	6,970,742 B2	11/2005	Mann et al.
6,527,711 B1	3/2003	Stivoric et al.	6,972,683 B2	12/2005	Lestienne et al.
6,527,729 B1	3/2003	Turcott	6,978,177 B1	12/2005	Chen et al.
6,544,173 B2	4/2003	West et al.	6,980,851 B2	12/2005	Zhu et al.
			6,980,852 B2	12/2005	Jersey-Willuhn et al.
			6,985,078 B2	1/2006	Suzuki et al.
			6,987,965 B2	1/2006	Ng et al.
			6,988,989 B2	1/2006	Weiner et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

6,993,378 B2	1/2006	Wiederhold et al.	2002/0138017 A1	9/2002	Bui et al.
6,997,879 B1	2/2006	Turcott	2002/0167389 A1	11/2002	Uchikoba et al.
7,003,346 B2	2/2006	Singer	2002/0180605 A1	12/2002	Ozguz et al.
7,018,338 B2	3/2006	Vetter et al.	2002/0182485 A1	12/2002	Anderson et al.
7,020,508 B2	3/2006	Stivoric et al.	2003/0023184 A1	1/2003	Pitts-Crick et al.
7,027,862 B2	4/2006	Dahl et al.	2003/0028221 A1	2/2003	Zhu et al.
7,041,062 B2	5/2006	Friedrichs et al.	2003/0028327 A1	2/2003	Brunner et al.
7,044,911 B2	5/2006	Drinan et al.	2003/0051144 A1	3/2003	Williams
7,047,067 B2	5/2006	Gray et al.	2003/0055460 A1	3/2003	Owen et al.
7,050,846 B2	5/2006	Sweeney et al.	2003/0069510 A1	4/2003	Semler
7,054,679 B2	5/2006	Hirsh	2003/0083581 A1	5/2003	Taha et al.
7,059,767 B2	6/2006	Tokita et al.	2003/0085717 A1	5/2003	Cooper
7,088,242 B2	8/2006	Aupperle et al.	2003/0087244 A1	5/2003	McCarthy
7,113,826 B2	9/2006	Henry et al.	2003/0092975 A1	5/2003	Casscells, III et al.
7,118,531 B2	10/2006	Krill	2003/0093125 A1	5/2003	Zhu et al.
7,127,370 B2	10/2006	Kelly, Jr. et al.	2003/0093298 A1	5/2003	Hernandez et al.
7,129,836 B2	10/2006	Lawson et al.	2003/0100367 A1	5/2003	Cooke
7,130,396 B2	10/2006	Rogers et al.	2003/0135127 A1	7/2003	Sackner et al.
7,130,679 B2	10/2006	Parsonnet et al.	2003/0143544 A1	7/2003	McCarthy
7,133,716 B2	11/2006	Kraemer et al.	2003/0149349 A1	8/2003	Jensen
7,136,697 B2	11/2006	Singer	2003/0187370 A1	10/2003	Kodama
7,136,703 B1	11/2006	Cappa et al.	2003/0191503 A1	10/2003	Zhu et al.
7,142,907 B2	11/2006	Xue et al.	2003/0212319 A1	11/2003	Magill
7,149,574 B2	12/2006	Yun et al.	2003/0221687 A1	12/2003	Kaigler
7,149,773 B2	12/2006	Haller et al.	2003/0233129 A1	12/2003	Matos
7,153,262 B2	12/2006	Stivoric et al.	2004/0006279 A1	1/2004	Arad (Abboud)
7,156,807 B2	1/2007	Carter et al.	2004/0010303 A1	1/2004	Bolea et al.
7,156,808 B2	1/2007	Quy	2004/0015058 A1	1/2004	Besson et al.
7,160,252 B2	1/2007	Cho et al.	2004/0019292 A1	1/2004	Drinan et al.
7,160,253 B2	1/2007	Nissila	2004/0044293 A1	3/2004	Burton
7,166,063 B2	1/2007	Rahman et al.	2004/0049132 A1	3/2004	Barron et al.
7,167,743 B2	1/2007	Heruth et al.	2004/0073094 A1	4/2004	Baker
7,184,821 B2	2/2007	Belalcazar et al.	2004/0073126 A1	4/2004	Rowlandson
7,191,000 B2	3/2007	Zhu et al.	2004/0077954 A1	4/2004	Oakley et al.
7,194,306 B1	3/2007	Turcott	2004/0100376 A1	5/2004	Lye et al.
7,206,630 B1 *	4/2007	Tarler 600/509	2004/0102683 A1	5/2004	Khanuja et al.
7,212,849 B2	5/2007	Zhang et al.	2004/0106951 A1	6/2004	Edman et al.
7,215,984 B2	5/2007	Diab et al.	2004/0127790 A1	7/2004	Lang et al.
7,215,991 B2	5/2007	Besson et al.	2004/0133079 A1	7/2004	Mazar et al.
7,238,159 B2	7/2007	Banet et al.	2004/0133081 A1	7/2004	Teller et al.
7,248,916 B2	7/2007	Bardy	2004/0134496 A1	7/2004	Cho et al.
7,251,524 B1	7/2007	Hepp et al.	2004/0143170 A1	7/2004	DuRousseau
7,257,438 B2	8/2007	Kinast	2004/0147969 A1	7/2004	Mann et al.
7,261,690 B2	8/2007	Teller et al.	2004/0152956 A1	8/2004	Korman
7,277,741 B2	10/2007	Debreczeny et al.	2004/0158132 A1	8/2004	Zaleski
7,284,904 B2	10/2007	Tokita et al.	2004/0167389 A1	8/2004	Brabrand
7,285,090 B2	10/2007	Stivoric et al.	2004/0172080 A1	9/2004	Stadler et al.
7,294,105 B1	11/2007	Islam	2004/0199056 A1	10/2004	Husemann et al.
7,295,879 B2	11/2007	Denker et al.	2004/0215240 A1	10/2004	Lovett et al.
7,297,119 B2	11/2007	Westbrook et al.	2004/0220639 A1	11/2004	Mulligan et al.
7,319,386 B2	1/2008	Collins, Jr. et al.	2004/0225199 A1	11/2004	Evanyk et al.
7,336,187 B2	2/2008	Hubbard, Jr. et al.	2004/0225203 A1	11/2004	Jemison et al.
7,346,380 B2	3/2008	Axelgaard et al.	2004/0243018 A1	12/2004	Organ et al.
7,382,247 B2	6/2008	Welch et al.	2004/0267142 A1	12/2004	Paul
7,390,299 B2	6/2008	Weiner et al.	2005/0004506 A1	1/2005	Gyory
7,395,106 B2	7/2008	Ryu et al.	2005/0015094 A1	1/2005	Keller
7,423,526 B2	9/2008	Despotis	2005/0015095 A1	1/2005	Keller
7,423,537 B2	9/2008	Bonnet et al.	2005/0020935 A1	1/2005	Helzel et al.
7,443,302 B2	10/2008	Reeder et al.	2005/0027175 A1	2/2005	Yang
7,450,024 B2	11/2008	Wildman et al.	2005/0027204 A1	2/2005	Kligfield et al.
7,468,032 B2	12/2008	Stahmann et al.	2005/0027207 A1	2/2005	Westbrook et al.
8,249,686 B2	8/2012	Libbus et al.	2005/0027918 A1	2/2005	Govindarajulu et al.
8,285,356 B2	10/2012	Bly et al.	2005/0043675 A1	2/2005	Pastore et al.
2001/0047127 A1	11/2001	New, Jr. et al.	2005/0054944 A1	3/2005	Nakada et al.
2002/0004640 A1	1/2002	Conn et al.	2005/0065445 A1	3/2005	Arzbaecher et al.
2002/0019588 A1	2/2002	Marro et al.	2005/0065571 A1	3/2005	Imran
2002/0022786 A1	2/2002	Takehara et al.	2005/0070768 A1	3/2005	Zhu et al.
2002/0028989 A1	3/2002	Pelletier et al.	2005/0070778 A1	3/2005	Lackey et al.
2002/0032581 A1	3/2002	Reitberg	2005/0080346 A1	4/2005	Gianchandani et al.
2002/0045836 A1	4/2002	Alkawwas	2005/0080460 A1	4/2005	Wang et al.
2002/0088465 A1	7/2002	Hill	2005/0080463 A1	4/2005	Stahmann et al.
2002/0099277 A1	7/2002	Harry et al.	2005/0085734 A1	4/2005	Tehrani
2002/0116009 A1	8/2002	Fraser et al.	2005/0091338 A1	4/2005	de la Huerga
2002/0123672 A1	9/2002	Christophersom et al.	2005/0096513 A1	5/2005	Ozguz et al.
2002/0123674 A1	9/2002	Plicchi et al.	2005/0113703 A1	5/2005	Farringdon et al.
			2005/0124878 A1	6/2005	Sharony
			2005/0124901 A1	6/2005	Misczynski et al.
			2005/0124908 A1	6/2005	Belalcazar et al.
			2005/0131288 A1	6/2005	Turner et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

2005/0137464	A1	6/2005	Bomba	2006/0195020	A1	8/2006	Martin et al.
2005/0137626	A1	6/2005	Pastore et al.	2006/0195039	A1	8/2006	Drew et al.
2005/0148895	A1	7/2005	Misczynski et al.	2006/0195097	A1	8/2006	Evans et al.
2005/0158539	A1	7/2005	Murphy et al.	2006/0195144	A1	8/2006	Giftakis et al.
2005/0177038	A1	8/2005	Kolpin et al.	2006/0202816	A1	9/2006	Crump et al.
2005/0187482	A1	8/2005	O'Brien et al.	2006/0212097	A1	9/2006	Varadan et al.
2005/0187796	A1	8/2005	Rosenfeld et al.	2006/0224051	A1	10/2006	Teller et al.
2005/0192488	A1	9/2005	Bryenton et al.	2006/0224072	A1*	10/2006	Shennib 600/509
2005/0197654	A1	9/2005	Edman et al.	2006/0224079	A1	10/2006	Washchuk
2005/0203433	A1	9/2005	Singer	2006/0235281	A1	10/2006	Tuccillo
2005/0203435	A1	9/2005	Nakada	2006/0235316	A1	10/2006	Ungless et al.
2005/0203637	A1	9/2005	Edman et al.	2006/0235489	A1	10/2006	Drew et al.
2005/0206518	A1	9/2005	Welch et al.	2006/0241641	A1	10/2006	Albans et al.
2005/0215914	A1	9/2005	Bornzin et al.	2006/0241701	A1	10/2006	Markowitz et al.
2005/0215918	A1	9/2005	Frantz et al.	2006/0241722	A1	10/2006	Thacker et al.
2005/0228234	A1	10/2005	Yang	2006/0247545	A1	11/2006	St. Martin
2005/0228244	A1	10/2005	Banet	2006/0252999	A1	11/2006	Devaul et al.
2005/0239493	A1	10/2005	Batkin et al.	2006/0253005	A1	11/2006	Drinan et al.
2005/0240087	A1	10/2005	Keenan et al.	2006/0253044	A1	11/2006	Zhang et al.
2005/0251004	A1*	11/2005	Istvan et al. 600/395	2006/0258952	A1	11/2006	Stahmann et al.
2005/0251044	A1	11/2005	Hocter et al.	2006/0264730	A1	11/2006	Stivoric et al.
2005/0256418	A1	11/2005	Mietus et al.	2006/0264767	A1	11/2006	Shennib
2005/0261598	A1	11/2005	Banet et al.	2006/0264776	A1	11/2006	Stahmann et al.
2005/0261743	A1	11/2005	Kroll	2006/0271116	A1	11/2006	Stahmann et al.
2005/0267376	A1	12/2005	Marossero et al.	2006/0276714	A1	12/2006	Holt et al.
2005/0267377	A1	12/2005	Marossero et al.	2006/0281981	A1	12/2006	Jang et al.
2005/0267381	A1	12/2005	Benditt et al.	2006/0281996	A1	12/2006	Kuo et al.
2005/0273023	A1	12/2005	Bystrom et al.	2006/0293571	A1	12/2006	Bao et al.
2005/0277841	A1*	12/2005	Shennib 600/511	2006/0293609	A1	12/2006	Stahmann et al.
2005/0277842	A1	12/2005	Silva	2007/0010721	A1	1/2007	Chen et al.
2005/0277992	A1	12/2005	Koh et al.	2007/0010750	A1	1/2007	Ueno et al.
2005/0280531	A1	12/2005	Fadem et al.	2007/0015973	A1	1/2007	Nanikashvili
2005/0283197	A1	12/2005	Daum et al.	2007/0015976	A1	1/2007	Miesel et al.
2005/0288601	A1	12/2005	Wood et al.	2007/0016089	A1	1/2007	Fischell et al.
2006/0004300	A1	1/2006	Kennedy	2007/0021678	A1	1/2007	Beck et al.
2006/0004377	A1	1/2006	Keller	2007/0021790	A1	1/2007	Kieval et al.
2006/0009697	A1	1/2006	Banet et al.	2007/0021792	A1	1/2007	Kieval et al.
2006/0009701	A1	1/2006	Nissila et al.	2007/0021794	A1	1/2007	Kieval et al.
2006/0010090	A1	1/2006	Brockway et al.	2007/0021796	A1	1/2007	Kieval et al.
2006/0020218	A1	1/2006	Freeman et al.	2007/0021797	A1	1/2007	Kieval et al.
2006/0025661	A1	2/2006	Sweeney et al.	2007/0021798	A1	1/2007	Kieval et al.
2006/0030781	A1	2/2006	Shennib	2007/0021799	A1	1/2007	Kieval et al.
2006/0030782	A1	2/2006	Shennib	2007/0027388	A1	2/2007	Chou
2006/0031102	A1	2/2006	Teller et al.	2007/0027497	A1	2/2007	Parnis
2006/0041280	A1	2/2006	Stahmann et al.	2007/0038038	A1	2/2007	Stivoric et al.
2006/0047215	A1	3/2006	Newman et al.	2007/0038078	A1	2/2007	Osadchy
2006/0052678	A1	3/2006	Drinan et al.	2007/0038255	A1	2/2007	Kieval et al.
2006/0058543	A1	3/2006	Walter et al.	2007/0038262	A1	2/2007	Kieval et al.
2006/0058593	A1	3/2006	Drinan et al.	2007/0043301	A1	2/2007	Martinsen et al.
2006/0064030	A1	3/2006	Cosentino et al.	2007/0043303	A1	2/2007	Osyпка et al.
2006/0064040	A1	3/2006	Berger et al.	2007/0048224	A1	3/2007	Howell et al.
2006/0064142	A1	3/2006	Chavan et al.	2007/0060800	A1	3/2007	Drinan et al.
2006/0066449	A1	3/2006	Johnson	2007/0060802	A1	3/2007	Ghevondian et al.
2006/0074283	A1	4/2006	Henderson et al.	2007/0073132	A1	3/2007	Vosch
2006/0074462	A1	4/2006	Verhoef	2007/0073168	A1	3/2007	Zhang et al.
2006/0075257	A1	4/2006	Martis et al.	2007/0073181	A1	3/2007	Pu et al.
2006/0084881	A1	4/2006	Korzinov et al.	2007/0073361	A1	3/2007	Goren et al.
2006/0085049	A1	4/2006	Cory et al.	2007/0082189	A1	4/2007	Gillette
2006/0089679	A1	4/2006	Zhu et al.	2007/0083092	A1	4/2007	Rippo et al.
2006/0094948	A1	5/2006	Gough et al.	2007/0092862	A1	4/2007	Gerber
2006/0102476	A1	5/2006	Niwa et al.	2007/0104840	A1	5/2007	Singer
2006/0116592	A1	6/2006	Zhou et al.	2007/0106132	A1	5/2007	Elhag et al.
2006/0122474	A1	6/2006	Teller et al.	2007/0106137	A1	5/2007	Baker, Jr. et al.
2006/0142654	A1	6/2006	Rytky	2007/0106167	A1	5/2007	Kinast
2006/0142820	A1	6/2006	Von Arx et al.	2007/0118039	A1	5/2007	Bodecker et al.
2006/0149168	A1	7/2006	Czarnek	2007/0123756	A1	5/2007	Kitajima et al.
2006/0155183	A1	7/2006	Kroecker et al.	2007/0123903	A1	5/2007	Raymond et al.
2006/0155200	A1	7/2006	Ng	2007/0123904	A1	5/2007	Stad et al.
2006/0157893	A1	7/2006	Patel	2007/0129622	A1	6/2007	Bourget et al.
2006/0161073	A1	7/2006	Singer	2007/0129643	A1	6/2007	Kwok et al.
2006/0161205	A1	7/2006	Mitrani et al.	2007/0129769	A1	6/2007	Bourget et al.
2006/0161459	A9	7/2006	Rosenfeld et al.	2007/0142715	A1	6/2007	Banet et al.
2006/0167374	A1	7/2006	Takehara et al.	2007/0142732	A1	6/2007	Brockway et al.
2006/0173257	A1	8/2006	Nagai et al.	2007/0149282	A1	6/2007	Lu et al.
2006/0173269	A1	8/2006	Glossop	2007/0150008	A1	6/2007	Jones et al.
				2007/0150009	A1	6/2007	Kveen et al.
				2007/0150029	A1	6/2007	Bourget et al.
				2007/0162089	A1	7/2007	Mosesov
				2007/0167753	A1	7/2007	Van Wyk et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

2007/0167848 A1 7/2007 Kuo et al.
 2007/0167849 A1 7/2007 Zhang et al.
 2007/0167850 A1 7/2007 Russell et al.
 2007/0172424 A1 7/2007 Roser
 2007/0173705 A1 7/2007 Teller et al.
 2007/0180047 A1 8/2007 Dong et al.
 2007/0180140 A1 8/2007 Welch et al.
 2007/0191723 A1 8/2007 Prystowsky et al.
 2007/0207858 A1 9/2007 Breving
 2007/0208233 A1 9/2007 Kovacs
 2007/0208235 A1 9/2007 Besson et al.
 2007/0208262 A1 9/2007 Kovacs
 2007/0232867 A1 10/2007 Hansmann
 2007/0249946 A1 10/2007 Kumar et al.
 2007/0250121 A1 10/2007 Miesel et al.
 2007/0255120 A1 11/2007 Rosnov
 2007/0255153 A1 11/2007 Kumar et al.
 2007/0255184 A1 11/2007 Shennib
 2007/0255531 A1 11/2007 Drew
 2007/0260133 A1 11/2007 Meyer
 2007/0260155 A1 11/2007 Rapoport et al.
 2007/0260289 A1 11/2007 Giftakis et al.
 2007/0270678 A1 11/2007 Fadem et al.
 2007/0273504 A1 11/2007 Tran
 2007/0276273 A1 11/2007 Watson, Jr
 2007/0282173 A1 12/2007 Wang et al.
 2007/0299325 A1 12/2007 Farrell et al.
 2008/0004499 A1 1/2008 Davis
 2008/0004904 A1 1/2008 Tran
 2008/0024293 A1 1/2008 Stylos
 2008/0024294 A1 1/2008 Mazar
 2008/0039700 A1 2/2008 Drinan et al.
 2008/0058614 A1 3/2008 Banet et al.
 2008/0059239 A1 3/2008 Gerst et al.
 2008/0091089 A1 4/2008 Guillory et al.
 2008/0091090 A1 4/2008 Guillory et al.
 2008/0114220 A1 5/2008 Banet et al.
 2008/0139934 A1 6/2008 McMorrow et al.
 2008/0139953 A1 6/2008 Baker et al.
 2008/0146892 A1 6/2008 LeBoeuf et al.
 2008/0167538 A1 7/2008 Teller et al.
 2008/0171918 A1 7/2008 Teller et al.
 2008/0171922 A1 7/2008 Teller et al.
 2008/0171929 A1 7/2008 Katims
 2008/0183052 A1 7/2008 Teller et al.
 2008/0200774 A1 8/2008 Luo
 2008/0214903 A1 9/2008 Orbach
 2008/0221399 A1 9/2008 Zhou et al.
 2008/0221402 A1 9/2008 Despotis
 2008/0224852 A1 9/2008 Dicks et al.
 2008/0228084 A1 9/2008 Bedard et al.
 2008/0287751 A1 11/2008 Stivoric et al.
 2008/0287752 A1 11/2008 Stroetz et al.
 2008/0287769 A1* 11/2008 Kurzweil A61B 5/0408
 600/388
 2008/0294019 A1 11/2008 Tran
 2008/0294020 A1 11/2008 Sapounas
 2008/0318681 A1 12/2008 Rofougaran et al.
 2008/0319279 A1 12/2008 Ramsay et al.
 2009/0005016 A1 1/2009 Eng et al.
 2009/0018410 A1 1/2009 Coene et al.
 2009/0018456 A1 1/2009 Hung
 2009/0054737 A1 2/2009 Magar et al.
 2009/0062670 A1 3/2009 Sterling et al.
 2009/0073991 A1 3/2009 Landrum et al.
 2009/0076336 A1 3/2009 Mazar et al.
 2009/0076340 A1 3/2009 Libbus et al.
 2009/0076341 A1 3/2009 James et al.
 2009/0076342 A1 3/2009 Amurthur et al.
 2009/0076343 A1 3/2009 James et al.
 2009/0076344 A1 3/2009 Libbus et al.
 2009/0076345 A1 3/2009 Manicka et al.
 2009/0076346 A1 3/2009 James et al.
 2009/0076348 A1 3/2009 Manicka et al.
 2009/0076349 A1 3/2009 Libbus et al.

2009/0076350 A1 3/2009 Bly et al.
 2009/0076363 A1 3/2009 Bly et al.
 2009/0076364 A1 3/2009 Libbus et al.
 2009/0076397 A1 3/2009 Libbus et al.
 2009/0076401 A1 3/2009 Mazar et al.
 2009/0076405 A1 3/2009 Amurthur et al.
 2009/0076410 A1 3/2009 Libbus et al.
 2009/0076559 A1 3/2009 Libbus et al.
 2009/0132018 A1 5/2009 DiUbaldo et al.
 2009/0182204 A1 7/2009 Semler et al.
 2009/0234410 A1 9/2009 Libbus et al.
 2009/0264792 A1 10/2009 Mazar
 2009/0292194 A1 11/2009 Libbus et al.
 2010/0056881 A1 3/2010 Libbus et al.
 2010/0081913 A1 4/2010 Cross et al.
 2010/0191310 A1 7/2010 Bly et al.
 2011/0245711 A1 10/2011 Katra et al.
 2011/0270049 A1 11/2011 Katra et al.
 2012/0310070 A1 12/2012 Kumar et al.

FOREIGN PATENT DOCUMENTS

WO WO 03/082080 A2 10/2003
 WO WO 2005/051164 A2 6/2005
 WO WO 2005/104930 A1 11/2005
 WO WO 2006/008745 A2 1/2006
 WO WO 2006/102476 A2 9/2006
 WO WO 2006/111878 A1 11/2006
 WO WO 2007/041783 A1 4/2007
 WO WO 2007/106455 A2 9/2007

OTHER PUBLICATIONS

3M Corporation, "3M Surgical Tapes—Choose the Correct Tape" quicksheet (2004).
 Abraham, "New approaches to monitoring heart failure before symptoms appear," Rev Cardiovasc Med. 2006 ;7 Suppl 1 :33-41.
 AD5934: 250 kSPS 12-Bit Impedance Converter Network Analyzer, Analog Devices, Rev. A. Retrieved from the Internet: <<http://www.analog.com/static/imported-files/data_sheets/AD5934.pdf>>, 40 pages. Copyright 2005-2008.
 Adams, Jr. "Guiding heart failure care by invasive hemodynamic measurements: possible or useful?", Journal of Cardiac Failure 2002; 8(2):71-73.
 Adamson et al., "Continuous autonomic assessment in patients with symptomatic heart failure: prognostic value of heart rate variability measured by an implanted cardiac resynchronization device ," Circulation. 2004;110:2389-2394.
 Adamson et al., "Ongoing right ventricular hemodynamics in heart failure," J Am Coll Cardiol, 2003; 41:565-57.
 Adamson, "Integrating device monitoring into the infrastructure and workflow of routine practice," Rev Cardiovasc Med. 2006 ;7 Suppl 1:42-6.
 Adhere [presentation], "Insights from the Adhere Registry: Data from over 100,000 patient cases," 2005, 70 pages total.
 Advamed White Sheet, "Health Information Technology: Improving Patient Safety and Quality of Care," Jun. 2005, 23 pages.
 Aghababian, "Acutely decompensated heart failure: opportunities to improve care and outcomes in the emergency department," Rev Cardiovasc Med. 2002;3 Suppl 4:S3-9.
 Albert, "Bioimpedance to prevent heart failure hospitalization," Curr Heart Fail Rep. Sep. 2006;3(3):136-42.
 American Heart Association, "Heart Disease and Stroke Statistics—2006 Update," 2006, 43 pages.
 American Heart Association, "Heart Disease and Stroke Statistics—2007 Update. A Report From the American Heart Association Statistics Committee and Stroke Statistics Subcommittee," Circulation 2007; 115:e69-e171.
 Belalcazar et al., "Monitoring lung edema using the pacemaker pulse and skin electrodes," Physiol. Meas. 2005; 26:S153-S163.
 Bennet, "Development of implantable devices for continuous ambulatory monitoring of central hemodynamic values in heart failure patients," PACE Jun. 2005; 28:573-584.
 Bourge, "Case studies in advanced monitoring with the chronicle device," Rev Cardiovasc Med. 2006 ;7 Suppl 1:S56-61.

(56)

References Cited

OTHER PUBLICATIONS

- Braunschweig, "Continuous haemodynamic monitoring during withdrawal of diuretics in patients with congestive heart failure," *European Heart Journal* 2002 23(1):59-69.
- Braunschweig, "Dynamic changes in right ventricular pressures during haemodialysis recorded with an implantable haemodynamic monitor," *Nephrol Dial Transplant* 2006; 21:176-183.
- Brennan, "Measuring a Grounded Impedance Profile Using the AD5933," *Analog Devices*, 2006; retrieved from the Internet <<http://http://www.analog.com/static/imported-files/application_notes/427095282381510189AN847_0.pdf>>, 12 pages total.
- Buono et al., "The effect of ambient air temperature on whole-body bioelectrical impedance," *Physiol. Meas.* 2004;25:119-123.
- Burkhoff et al., "Heart failure with a normal ejection fraction: Is it really a disorder of diastolic function?" *Circulation* 2003; 107:656-658.
- Burr et al., "Heart rate variability and 24-hour minimum heart rate," *Biological Research for Nursing*, 2006; 7(4):256-267.
- Cardionet, "CardioNet Mobile Cardiac Outpatient Telemetry: Addendum to Patient Education Guide", CardioNet, Inc., 2007, 2 pages.
- Cardionet, "Patient Education Guide", CardioNet, Inc., 2007, 7 pages.
- Charach et al., "Transthoracic monitoring of the impedance of the right lung in patients with cardiogenic pulmonary edema," *Crit Care Med Jun.* 2001;29(6):1137-1144.
- Charlson et al., "Can disease management target patients most likely to generate high costs? The Impact of Comorbidity," *Journal of General Internal Medicine*, Apr. 2007, 22(4):464-469.
- Chaudhry et al., "Telemonitoring for patients with chronic heart failure: a systematic review," *J Card Fail.* Feb. 2007; 13(1): 56-62.
- Chung et al., "White coat hypertension: Not so benign after all?," *Journal of Human Hypertension* (2003) 17, 807-809.
- Cleland et al., "The EuroHeart Failure survey programme—a survey on the quality of care among patients with heart failure in Europe—Part 1: patient characteristics and diagnosis," *European Heart Journal* 2003 24(5):442-463.
- Cooley, "The Parameters of Transthoracic Electrical Conduction," *Annals of the New York Academy of Sciences*, 1970; 170(2):702-713.
- Cowie et al., "Hospitalization of patients with heart failure. A population-based study," *European Heart Journal* 2002 23(11):877-885.
- Dimri, Chapter 1: Fractals in geophysics and seismology: an introduction, *Fractal Behaviour of the Earth System*, Springer Berlin Heidelberg 2005, pp. 1-22. [Summary and 1st page Only].
- El-Dawlatly et al., "Impedance cardiography: noninvasive assessment of hemodynamics and thoracic fluid content during bariatric surgery," *Obesity Surgery*, May 2005, 15(5):655-658.
- EM Microelectronic—Marin SA, "Plastic Flexible LCD," [product brochure]; retrieved from the Internet: <<<http://www.em-microelectronic.com/Line.asp?IdLine=48>>>, copyright 2009, 2 pages total.
- Erdmann, "Editorials: The value of diuretics in chronic heart failure demonstrated by an implanted haemodynamic monitor," *European Heart Journal* 2002 23(1):7-9.
- FDA—Medtronic Chronicle Implantable Hemodynamic Monitoring System P050032: Panel Package Section 11: Chronicle IHM Summary of Safety and Effectiveness, 2007; retrieved from the Internet: <<http://www.fda.gov/OHRMS/DOCKETS/AC/07/briefing/2007-4284b1_04.pdf>, 77 pages total.
- FDA—Medtronic Inc., Chronicle 9520B Implantable Hemodynamic Monitor Reference Manual, 2007, 112 pages.
- FDA Executive Summary Memorandum, prepared for Mar. 1, 2007 meeting of the Circulatory Systems Devices Advisory Panel, P050032 Medtronic, Inc. Chronicle Implantable Hemodynamic Monitor (IHM) System, 23 pages. Retrieved from the Internet: <<http://www.fda.gov/ohrms/dockets/ac/07/briefing/2007-4284b1_02.pdf>>.
- FDA Executive Summary, Medtronic Chronicle Implantable Hemodynamic Monitoring System P050032: Panel Package Sponsor Executive Summary; vol. 1, section 4: Executive Summary. 2007, 12 pages total. Retrieved from the Internet: <<http://www.fda.gov/OHRMS/DOCKETS/AC/07/briefing/2007-4284b1_03.pdf>>.
- FDA, Draft questions for Chronicle Advisory Panel Meeting, 2007, 3 pages total. Retrieved from the Internet: <<http://www.fda.gov/ohrms/dockets/ac/07/questions/2007-4284q1_draft.pdf>>.
- FDA, References for Mar. 1 Circulatory System Devices Panel, 2007, 1 page total. Retrieved from the Internet: <<http://www.fda.gov/OHRMS/DOCKETS/AC/07/briefing/2007-4284bib1_01.pdf>>.
- Fonarow et al., "Risk stratification for in-hospital mortality in acutely decompensated heart failure: classification and regression tree analysis," *JAMA*. Feb. 2, 2005;293(5):572-580.
- Fonarow, "How well are chronic heart failure patients being managed?," *Rev Cardiovasc Med.* 2006;7 Suppl 1:S3-11.
- Fonarow, "Maximizing Heart Failure Care: Opportunities to Improve Patient Outcomes" [Powerpoint Presentation], A CME National Faculty Program, downloaded from the Internet <<<http://www.medreviews.com/media/MaxHFCore.ppt>>>, 130 pages total.
- Fonarow, "Proactive monitoring and management of the chronic heart failure patient," *Rev Cardiovasc Med.* 2006; 7 Suppl 1:S1-2.
- Fonarow, "The Acute Decompensated Heart Failure National Registry (ADHERE): opportunities to improve care of patients hospitalized with acute decompensated heart failure," *Rev Cardiovasc Med.* 2003;4 Suppl 7:S21-S30.
- Ganion et al., "Intrathoracic impedance to monitor heart failure status: a comparison of two methods in a chronic heart failure dog model," *Congest Heart Fail.* Jul.-Aug. 2005;11(4):177-81, 211.
- Gass et al., "Critical pathways in the management of acute decompensated heart failure: A CME-Accredited Accredited monograph," Mount Sinai School of Medicine, 2004, 32 pages total.
- Gheorghide et al., "Congestion is an important diagnostic and therapeutic target in heart failure," *Rev Cardiovasc Med.* 2006 ;7 Suppl 1 :12-24.
- Gilliam, III et al., "Changes in heart rate variability, quality of life, and activity in cardiac resynchronization therapy patients: results of the HF-HRV registry," *Pacing and Clinical Electrophysiology*, Jan. 18, 2007; 30(1): 56-64.
- Gilliam, III et al., "Prognostic value of heart rate variability footprint and standard deviation of average 5-minute intrinsic R-R intervals for mortality in cardiac resynchronization therapy patients," *J Electrocardiol.* Oct. 2007;40(4):336-42.
- Gniadecka, "Localization of dermal edema in lipodermatosclerosis, lymphedema, and cardiac insufficiency high-frequency ultrasound examination of intradermal echogenicity," *J Am Acad oDermatol*, Jul. 1996; 35(1):37-41.
- Goldberg et al., "Randomized trial of a daily electronic home monitoring system in patients with advanced heart failure: The Weight Monitoring in Heart Failure (WHARF) Trial," *American Heart Journal*, Oct. 2003; 416(4):705-712.
- Grap et al., "Actigraphy in the Critically III: Correlation With Activity, Agitation, and Sedation," *American Journal of Critical Care.* 2005;14: 52-60.
- Gudivaka et al., "Single- and multifrequency models for bioelectrical impedance analysis of body water compartments," *J Appl Physiol*, 1999;87(3):1087-1096.
- Guyton et al., Unit V: The Body Fluids and Kidneys, Chapter 25: The Body Fluid Compartments: Extracellular and Intracellular Fluids; Interstitial Fluid and Edema, Guyton & Hall Textbook of Medical Physiology 11th Edition, Saunders 2005; pp. 291-306.
- Hadase et al., "Very low frequency power of heart rate variability is a powerful predictor of clinical prognosis in patients with congestive heart Failure," *Circ J* 2004; 68(4):343-347.
- Hallstrom et al., "Structural relationships between measures based on heart beat intervals: potential for improved risk assessment," *IEEE Biomedical Engineering* 2004, 51(8):1414-1420.
- HFSA 2006 Comprehensive Heart Failure Practice Guideline—Executive Summary: HFSA 2006 Comprehensive Heart Failure Practice Guideline, *Journal of Cardiac Failure* 2006;12(1):10-e38.

(56)

References Cited

OTHER PUBLICATIONS

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 12: Evaluation and Management of Patients With Acute Decompensated Heart Failure, *Journal of Cardiac Failure* 2006;12(1):e86-e103.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 2: Conceptualization and Working Definition of Heart Failure, *Journal of Cardiac Failure* 2006;12(1):e10-e11.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 3: Prevention of Ventricular Remodeling Cardiac Dysfunction, and Heart Failure Overview, *Journal of Cardiac Failure* 2006;12(1):e12-e15.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 4: Evaluation of Patients for Ventricular Dysfunction and Heart Failure, *Journal of Cardiac Failure* 2006;12(1):e16-e25.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 8: Disease Management in Heart Failure Education and Counseling, *Journal of Cardiac Failure* 2006;12(1):e58-e68.

HRV Enterprises, LLC, “Heart Rate Variability Seminars,” downloaded from the Internet: <<<http://hrventerprise.com/>>> on Apr. 24, 2008, 3 pages total.

HRV Enterprises, LLC, “LoggerPro HRV Biosignal Analysis,” downloaded from the Internet: <<<http://hrventerprise.com/products.html>>> on Apr. 24, 2008, 3 pages total.

Hunt et al., “ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure): Developed in Collaboration With the American College of Chest Physicians and the International Society for Heart and Lung Transplantation: Endorsed by the Heart Rhythm Society,” *Circulation*. 2005;112:e154-e235.

Hunt et al., ACC/AHA Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult: Executive Summary A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the 1995 Guidelines for the Evaluation and Management of Heart Failure), *Circulation*. 2001;104:2996-3007.

Imhoff et al., “Noninvasive whole-body electrical bioimpedance cardiac output and invasive thermodilution cardiac output in high-risk surgical patients,” *Critical Care Medicine* 2000; 28(8):2812-2818.

Jaeger et al., “Evidence for Increased Intrathoracic Fluid Volume in Man at High Altitude,” *J Appl Physiol* 1979; 47(6): 670-676.

Jaio et al., “Variance fractal dimension analysis of seismic refraction signals,” WESCANEX 97: Communications, Power and Computing. IEEE Conference Proceedings., May 22-23, 1997, pp. 163-167 [Abstract Only].

Jerant et al., “Reducing the cost of frequent hospital admissions for congestive heart failure: a randomized trial of a home telecare intervention,” *Medical Care* 2001, 39(11):1234-1245.

Kasper et al., “A randomized trial of the efficacy of multidisciplinary care in heart failure outpatients at high risk of hospital readmission,” *J Am Coll Cardiol*, 2002; 39:471-480.

Kaukinen, “Cardiac output measurement after coronary artery bypass grafting using bolus thermodilution, continuous thermodilution, and whole-body impedance cardiography,” *Journal of Cardiothoracic and Vascular Anesthesia* 2003; 17(2):199-203.

Kawaguchi et al., “Combined ventricular systolic and arterial stiffening in patients with heart failure and preserved ejection fraction: implications for systolic and diastolic reserve limitations,” *Circulation*. 2003;107:714-720.

Kawasaki et al., “Heart rate turbulence and clinical prognosis in hypertrophic cardiomyopathy and myocardial infarction,” *Circ J*. Jul. 2003;67(7):601-604.

Kearney et al., “Predicting death due to progressive heart failure in patients with mild-to-moderate chronic heart failure,” *J Am Coll Cardiol*, 2002; 40(10):1801-1808.

Kitzman et al., “Pathophysiological characterization of isolated diastolic heart failure in comparison to systolic heart failure,” *JAMA* Nov. 2002; 288(17):2144-2150.

Kööbi et al., “Non-invasive measurement of cardiac output: whole-body impedance cardiography in simultaneous comparison with thermodilution and direct oxygen Fick methods,” *Intensive Care Medicine* 1997; 23(11):1132-1137.

Koyama et al., “Evaluation of heart-rate turbulence as a new prognostic marker in patients with chronic heart failure,” *Circ J* 2002; 66(10):902-907.

Krumholz et al., “Predictors of readmission among elderly survivors of admission with heart failure,” *American Heart Journal* 2000; 139(1):72-77.

Kyle et al., “Bioelectrical Impedance Analysis—part I: review of principles and methods,” *Clin Nutr*. Oct. 2004;23(5):1226-1243.

Kyle et al., “Bioelectrical Impedance Analysis—part II: utilization in clinical practice,” *Clin Nutr*. Oct. 2004; 23(5):1430-1453.

Lee et al., “Predicting mortality among patients hospitalized for heart failure: derivation and validation of a clinical model,” *JAMA* 2003;290(19):2581-2587.

Leier “The Physical Examination in Heart Failure—Part I,” *Congest Heart Fail*. Jan.-Feb. 2007;13(1):41-47.

LifeShirt® Model 200 Directions for Use, “Introduction”, VivoMetrics, Inc. 9 page total.

Liu et al., “Fractal analysis with applications to seismological pattern recognition of underground nuclear explosions,” *Singal Processing*, Sep. 2000, 80(9):1849-1861. [Abstract Only].

Lozano-Nieto, “Impedance ratio in bioelectrical impedance measurements for body fluid shift determination,” *Proceedings of the IEEE 24th Annual Northeast Bioengineering Conference*, Apr. 9-10, 1998, pp. 24-25.

Lucreziotti et al., “Five-minute recording of heart rate variability in severe chronic heart failure : Correlates with right ventricular function and prognostic implications,” *American Heart Journal* 2000; 139(6):1088-1095.

Lüthje et al., “Detection of heart failure decompensation using intrathoracic impedance monitoring by a triple-chamber implantable defibrillator,” *Heart Rhythm* Sep. 2005;2(9):997-999.

Magalski et al., “Continuous ambulatory right heart pressure measurements with an implantable hemodynamic monitor: a multicenter, 12-Month Follow-up Study of Patients With Chronic Heart Failure,” *J Card Fail* 2002, 8(2):63-70.

Mahlberg et al., “Actigraphy in agitated patients with dementia: Monitoring treatment outcomes,” *Zeitschrift für Gerontologie und Geriatrie*, Jun. 2007; 40(3):178-184. [Abstract Only].

Matthie et al., “Analytic assessment of the various bioimpedance methods used to estimate body water,” *Appl Physiol* 1998; 84(5):1801-1816.

Matthie, “Second generation mixture theory equation for estimating intracellular water using bioimpedance spectroscopy,” *J Appl Physiol* 2005; 99:780-781.

McMurray et al., “Heart Failure: Epidemiology, Aetiology, and Prognosis of Heart Failure,” *Heart* 2000;83:596-602.

Miller, “Home monitoring for congestive heart failure patients,” *Caring Magazine*, Aug. 1995: 53-54.

Moser et al., “Improving outcomes in heart failure: it’s not unusual beyond usual Care,” *Circulation*. 2002;105:2810-2812.

Nagels et al., “Actigraphic measurement of agitated behaviour in dementia,” *International journal of geriatric psychiatry* , 2009; 21(4):388-393. [Abstract Only].

Nakamura et al., “Universal scaling law in human behavioral organization,” *Physical Review Letters*, Sep. 28, 2007; 99(13):138103 (4 pages).

Nakaya, “Fractal properties of seismicity in regions affected by large, shallow earthquakes in western Japan: Implications for fault formation processes based on a binary fractal fracture network model,” *Journal of geophysical research*, Jan. 2005; 11(B1):B01310.1-B01310.15. [Abstract Only].

Naylor et al., “Comprehensive discharge planning for the hospitalized elderly: a randomized clinical trial ,” *Amer. College Physicians* 1994; 120(12):999-1006.

Nesiritide (Natrekor) [Presentation] Acutely Decompensated Congestive Heart Failure: Burden of Disease, downloaded from the

(56)

References Cited

OTHER PUBLICATIONS

Internet: <<<http://www.huntsvillehospital.org/foundation/events/cardiologypupdate/CHF.ppt>>>, 39 pages.

Nieminen et al., "EuroHeart Failure Survey II (EHFS II): a survey on hospitalized acute heart failure patients: description of population," *European Heart Journal* 2006; 27(22):2725-2736.

Nijssen et al., "The potential value of three-dimensional accelerometry for detection of motor seizures in severe epilepsy," *Epilepsy Behav.* Aug. 2005;7(1):74-84.

Noble et al., "Diuretic induced change in lung water assessed by electrical impedance tomography," *Physiol. Meas.* 2000; 21(1):155-163.

Noble et al., "Monitoring patients with left ventricular failure by electrical impedance tomography," *Eur J Heart Fail.* Dec. 1999;1(4):379-84.

O'Connell et al., "Economic impact of heart failure in the United States: time for a different approach," *J Heart Lung Transplant.*, Jul.-Aug. 1994 ; 13(4):S107-S112.

Ohlsson et al., "Central hemodynamic responses during serial exercise tests in heart failure patients using implantable hemodynamic monitors," *Eur J Heart Fail.* Jun. 2003;5(3):253-259.

Ohlsson et al., "Continuous ambulatory monitoring of absolute right ventricular pressure and mixed venous oxygen saturation in patients with heart failure using an implantable haemodynamic monitor," *European Heart Journal* 2001 22(11):942-954.

Packer et al., "Utility of impedance cardiography for the identification of short-term risk of clinical decompensation in stable patients with chronic heart failure," *J Am Coll Cardiol*, 2006; 47(11):2245-2252.

Palatini et al., "Predictive value of clinic and ambulatory heart rate for mortality in elderly subjects with systolic hypertension" *Arch Intern Med.* 2002;162:2313-2321.

Piirila et al., "Crackles in patients with fibrosing alveolitis bronchiectasis, COPD, and Heart Failure," *Chest* May 1991; 99(5):1076-1083.

Pocock et al., "Predictors of mortality in patients with chronic heart failure," *Eur Heart J* 2006; (27): 65-75.

Poole-Wilson, "Importance of control of fluid volumes in heart failure," *European Heart Journal* 2000; 22(11):893-894.

Raj et al., "Letter Regarding Article by Adamson et al, "Continuous Autonomic Assessment in Patients With Symptomatic Heart Failure: Prognostic Value of Heart Rate Variability Measured by an Implanted Cardiac Resynchronization Device", *Circulation* 2005;112:e37-e38.

Ramirez et al., "Prognostic value of hemodynamic findings from impedance cardiography in hypertensive stroke," *AJH* 2005; 18(20):65-72.

Rich et al., "A multidisciplinary intervention to prevent the readmission of elderly patients with congestive heart failure," *New Engl. J. Med.* 1995;333:1190-1195.

Roglieri et al., "Disease management interventions to improve outcomes in congestive heart failure," *Am J Manag Care.* Dec. 1997;3(12):1831-1839.

Sahalos et al., "The Electrical impedance of the human thorax as a guide in evaluation of intrathoracic fluid volume," *Phys. Med. Biol.* 1986; 31:425-439.

Saxon et al., "Remote active monitoring in patients with heart failure (rapid-rf): design and rationale," *Journal of Cardiac Failure* 2007; 13(4):241-246.

Scharf et al., "Direct digital capture of pulse oximetry waveforms," *Proceedings of the Twelfth Southern Biomedical Engineering Conference, 1993.*, pp. 230-232.

Shabetai, "Monitoring heart failure hemodynamics with an implanted device: its potential to improve outcome," *J Am Coll Cardiol*, 2003; 41:572-573.

Small, "Integrating monitoring into the Infrastructure and Workflow of Routine Practice: OptiVol," *Rev Cardiovasc Med.* 2006 ;7 Suppl 1: S47-S55.

Smith et al., "Outcomes in heart failure patients with preserved ejection fraction: mortality, readmission, and functional decline," *J Am Coll Cardiol*, 2003; 41:1510-1518.

Something in the way he moves, *The Economist*, 2007, retrieved from the Internet: <<<http://www.economist.com/science/printerFriendly.cfm?story%id=9861412>>>.

Starling, "Improving care of chronic heart failure: advances from drugs to devices," *Cleveland Clinic Journal of Medicine* Feb. 2003; 70(2):141-146.

Steijaert et al., "The use of multi-frequency impedance to determine total body water and extracellular water in obese and lean female individuals," *International Journal of Obesity* Oct. 1997; 21(10):930-934.

Stewart et al., "Effects of a home-based intervention among patients with congestive heart failure discharged from acute hospital care," *Arch Intern Med.* 1998;158:1067-1072.

Stewart et al., "Effects of a multidisciplinary, home-based intervention on planned readmissions and survival among patients with chronic congestive heart failure: a randomised controlled study," *The Lancet* Sep. 1999, 354(9184):1077-1083.

Stewart et al., "Home-based intervention in congestive heart failure: long-term implications on readmission and survival," *Circulation.* 2002;105:2861-2866.

Stewart et al., "Prolonged beneficial effects of a home-based intervention on unplanned readmissions and mortality among patients with congestive heart failure," *Arch Intern Med.* 1999;159:257-261.

Stewart et al., "Trends in Hospitalization for Heart Failure in Scotland, 1990-1996. An Epidemic that has Reached Its Peak?," *European Heart Journal* 2001 22(3):209-217.

Swedberg et al., "Guidelines for the diagnosis and treatment of chronic heart failure: executive summary (update 2005): The Task Force for the Diagnosis and Treatment of Chronic Heart Failure of the European Society of Cardiology," *Eur Heart J.* Jun. 2005; 26(11):1115-1140.

Tang, "Case studies in advanced monitoring: OptiVol," *Rev Cardiovasc Med.* 2006;7 Suppl 1:S62-S66.

The ESCAPE Investigators and ESCAPE Study Coordinators, "Evaluation Study of Congestive Heart Failure and Pulmonary Artery Catheterization Effectiveness," *JAMA* 2005;294:1625-1633.

Tosi et al., "Seismic signal detection by fractal dimension analysis," *Bulletin of the Seismological Society of America*; Aug. 1999; 89(4):970-977. [Abstract Only].

Van De Water et al., "Monitoring the chest with impedance," *Chest.* 1973;64:597-603.

Van Someren, "Actigraphic monitoring of movement and rest-activity rhythms in aging, Alzheimer's disease, and Parkinson's disease," *IEEE Transactions on Rehabilitation Engineering*, Dec. 1997; 5(4):394-398. [Abstract Only].

Vasan et al., "Congestive heart failure in subjects with normal versus reduced left ventricular ejection fraction," *J Am Coll Cardiol*, 1999; 33:1948-1955.

Verdecchia et al., "Adverse prognostic value of a blunted circadian rhythm of heart rate in essential hypertension," *Journal of Hypertension* 1998; 16(9):1335-1343.

Verdecchia et al., "Ambulatory pulse pressure: a potent predictor of total cardiovascular risk in hypertension," *Hypertension.* 1998;32:983-988.

Vollmann et al., "Clinical utility of intrathoracic impedance monitoring to alert patients with an implanted device of deteriorating chronic heart failure," *European Heart Journal Advance Access published on Feb. 19, 2007*, downloaded from the Internet:<<<http://eurheartj.oxfordjournals.org/cgi/content/full/ehl506v1>>>, 6 pages total.

Vuksanovic et al., "Effect of posture on heart rate variability spectral measures in children and young adults with heart disease," *International Journal of Cardiology* 2005;101(2): 273-278.

Wang et al., "Feasibility of using an implantable system to measure thoracic congestion in an ambulatory chronic heart failure canine model," *PACE* 2005;28(5):404-411.

Wickemeyer et al., #197—"Association between atrial and ventricular tachyarrhythmias, intrathoracic impedance and heart failure decompensation in CRT-D Patients," *Journal of Cardiac Failure* 2007; 13 (6) Suppl.; S131-132.

(56)

References Cited

OTHER PUBLICATIONS

Williams et al, "How do different indicators of cardiac pump function impact upon the long-term prognosis of patients with chronic heart failure," *American Heart Journal*, 150(5):983.e1-983.e6.

Wonisch et al., "Continuous haemodynamic monitoring during exercise in patients with pulmonary hypertension," *Int J Cardiol*. Jun. 8, 2005;101(3):415-420.

Wynne et al., "Impedance cardiography: a potential monitor for hemodialysis," *Journal of Surgical Research* 2006, 133(1):55-60.

Yancy "Current approaches to monitoring and management of heart failure," *Rev Cardiovasc Med* 2006; 7 Suppl 1:S25-32.

Ypenburg et al., "Intrathoracic Impedance Monitoring to Predict Decompensated Heart Failure," *Am J Cardiol* 2007, 99(4):554-557.

Yu et al., "Intrathoracic Impedance Monitoring in Patients With Heart Failure: Correlation With Fluid Status and Feasibility of Early Warning Preceding Hospitalization," *Circulation*. 2005;112:841-848.

Zannad et al., "Incidence, clinical and etiologic features, and outcomes of advanced chronic heart failure: The EPICAL Study," *J Am Coll Cardiol*, 1999; 33(3):734-742.

Zile, "Heart failure with preserved ejection fraction: is this diastolic heart failure?" *J Am Coll Cardiol*, 2003; 41(9):1519-1522.

Scapa Medical product listing and descriptions (2008) available at <http://www.caapana.com/productlist.jsp> and <http://www.metplus.co.rs/pdf/prospekti/Samolepljivemedicinsketrake.pdf>; retrieved via WayBack Machine Aug. 29, 2013.

* cited by examiner

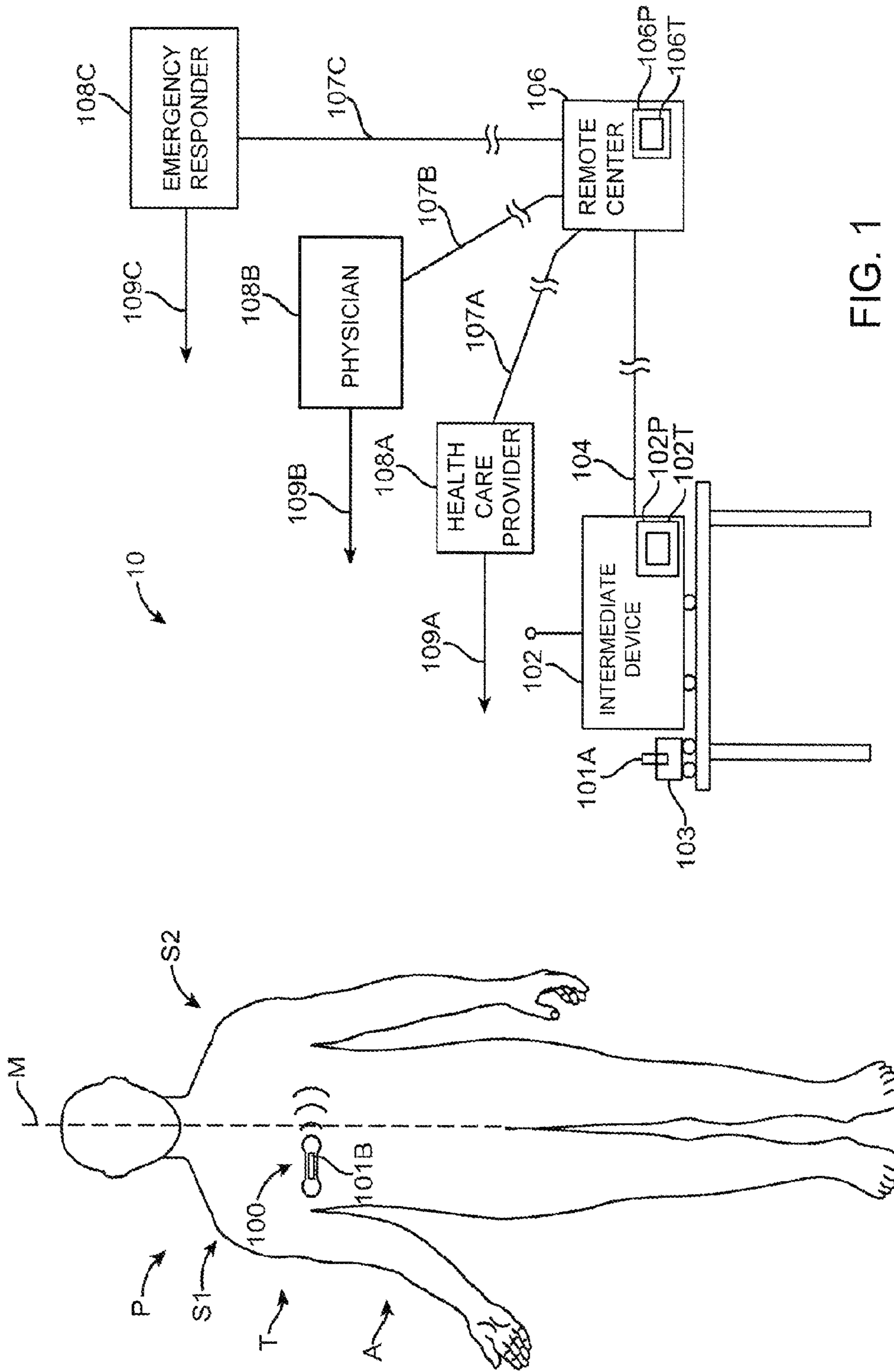


FIG. 1

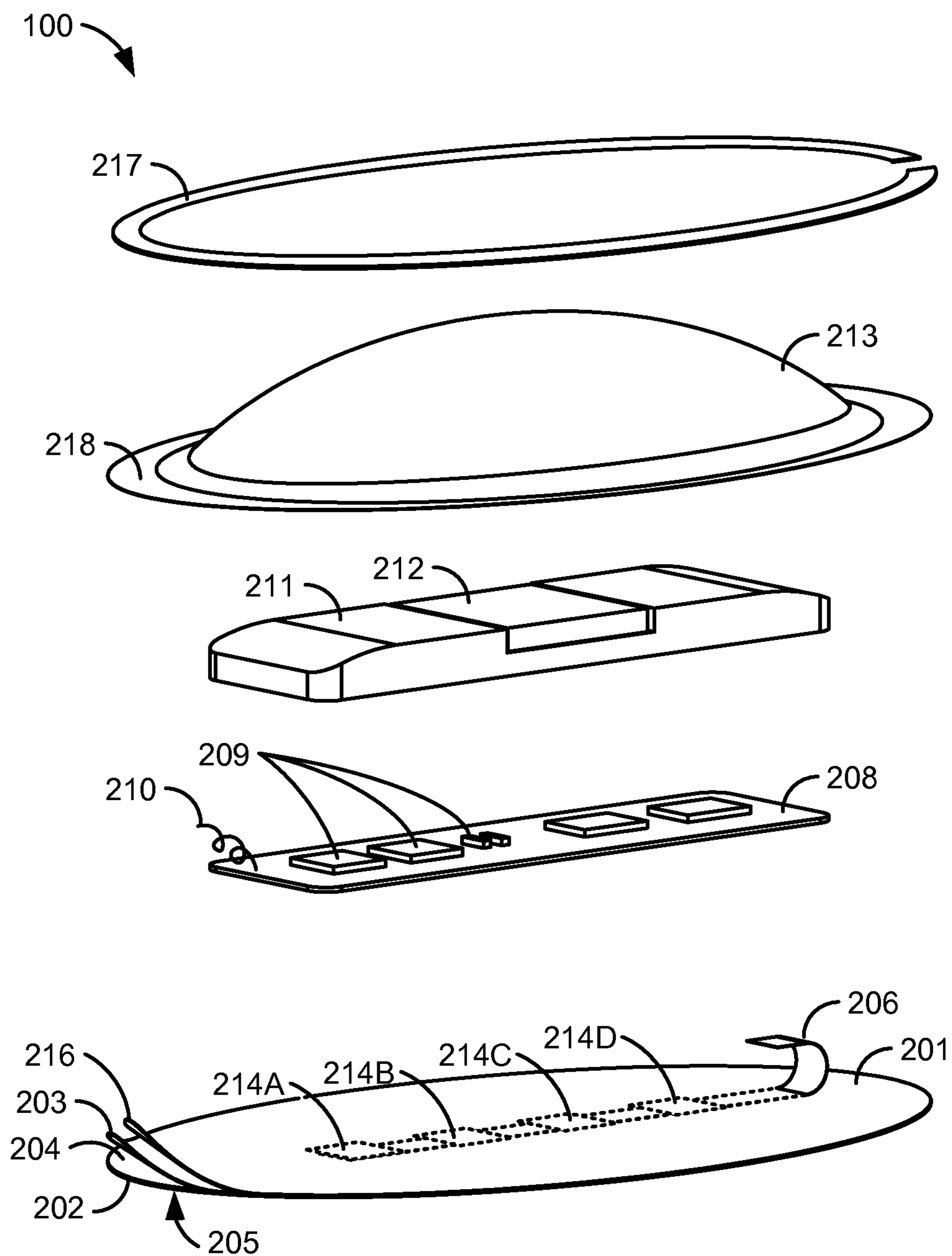


FIG. 2A

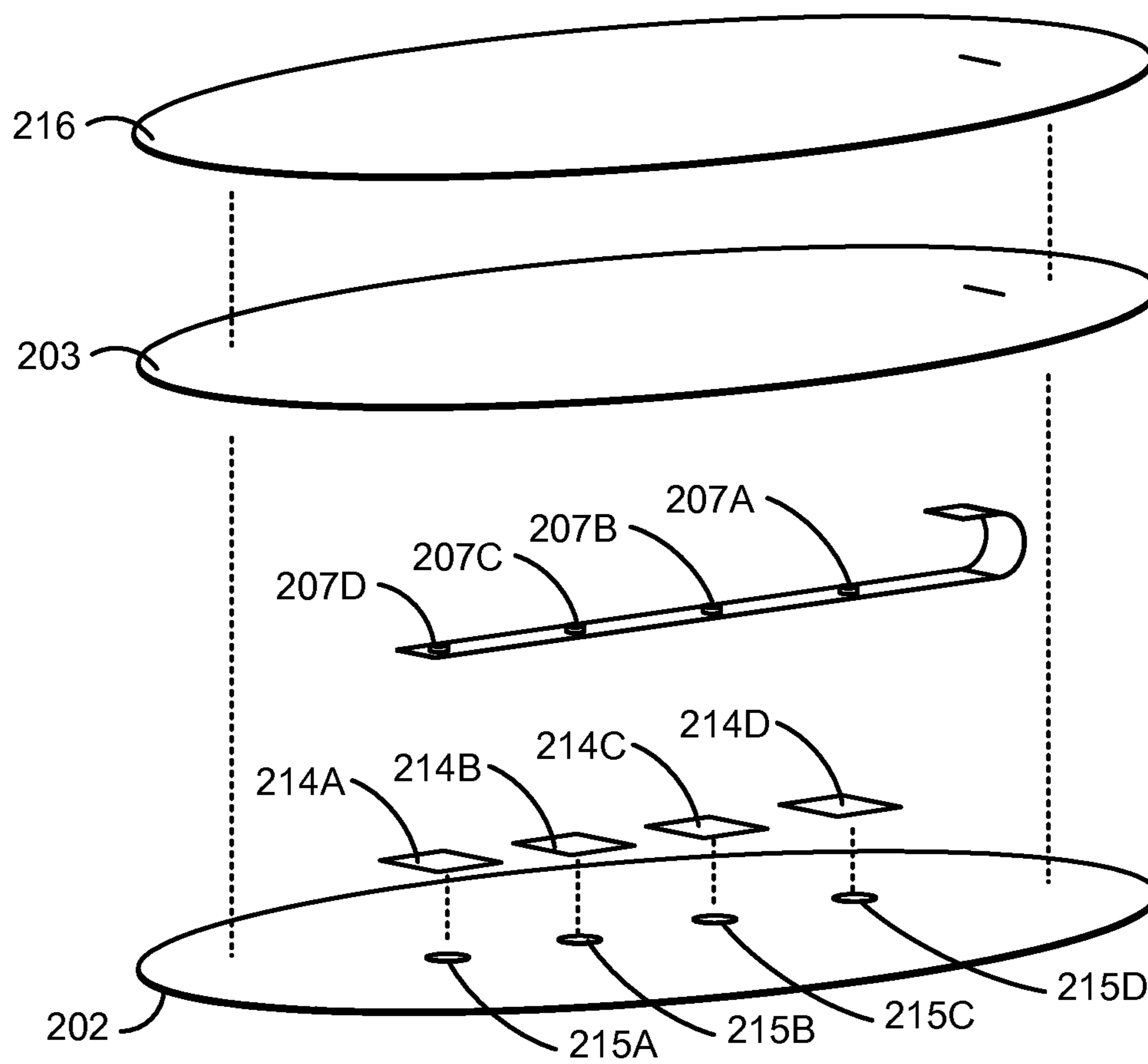


FIG. 2B

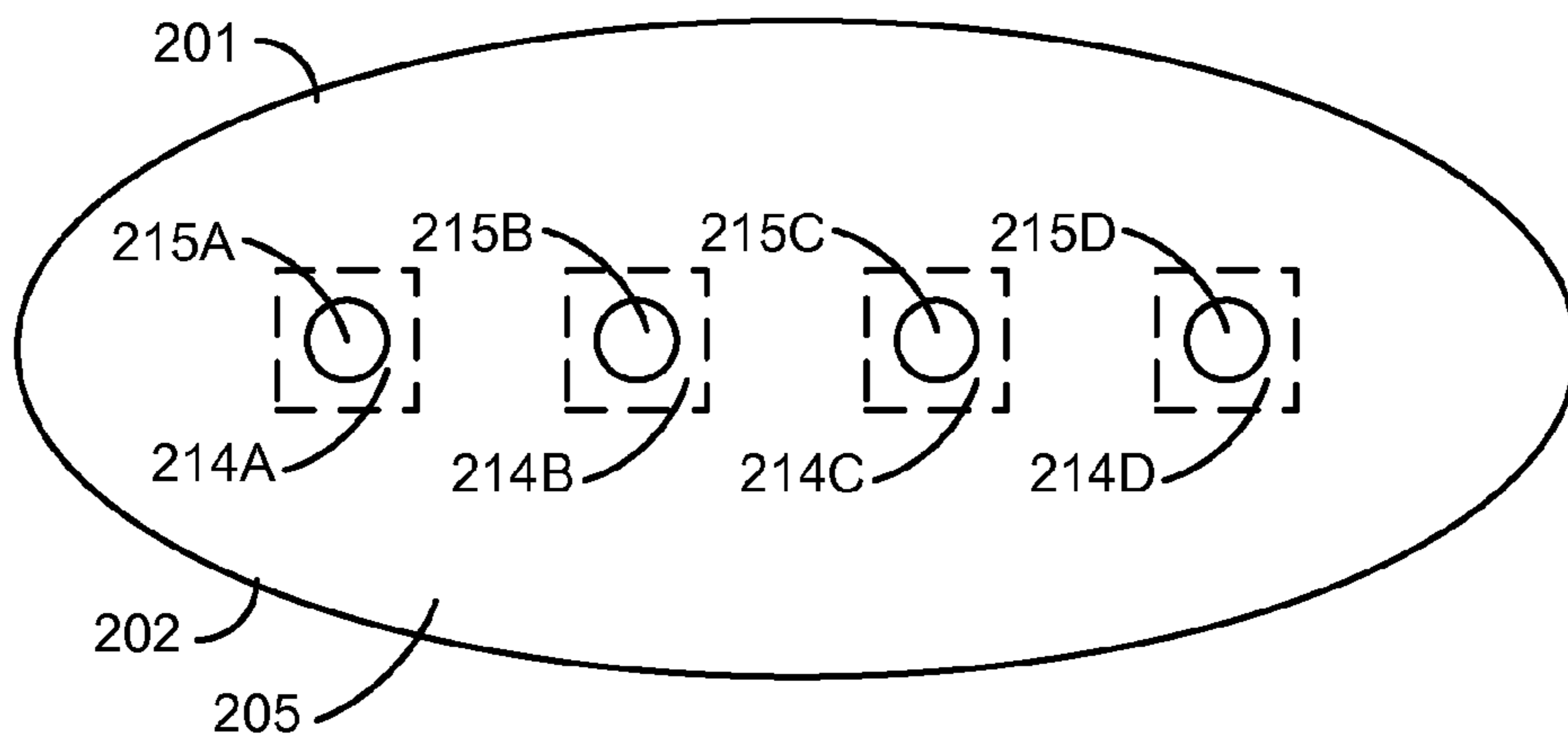


FIG. 2C

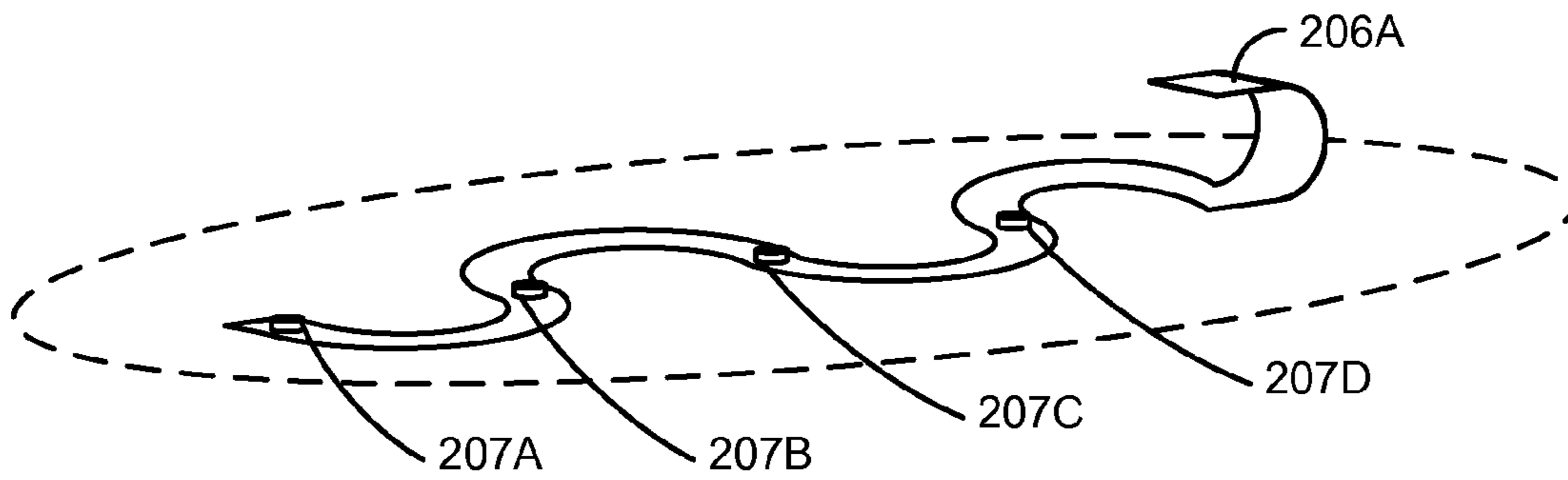


FIG. 3

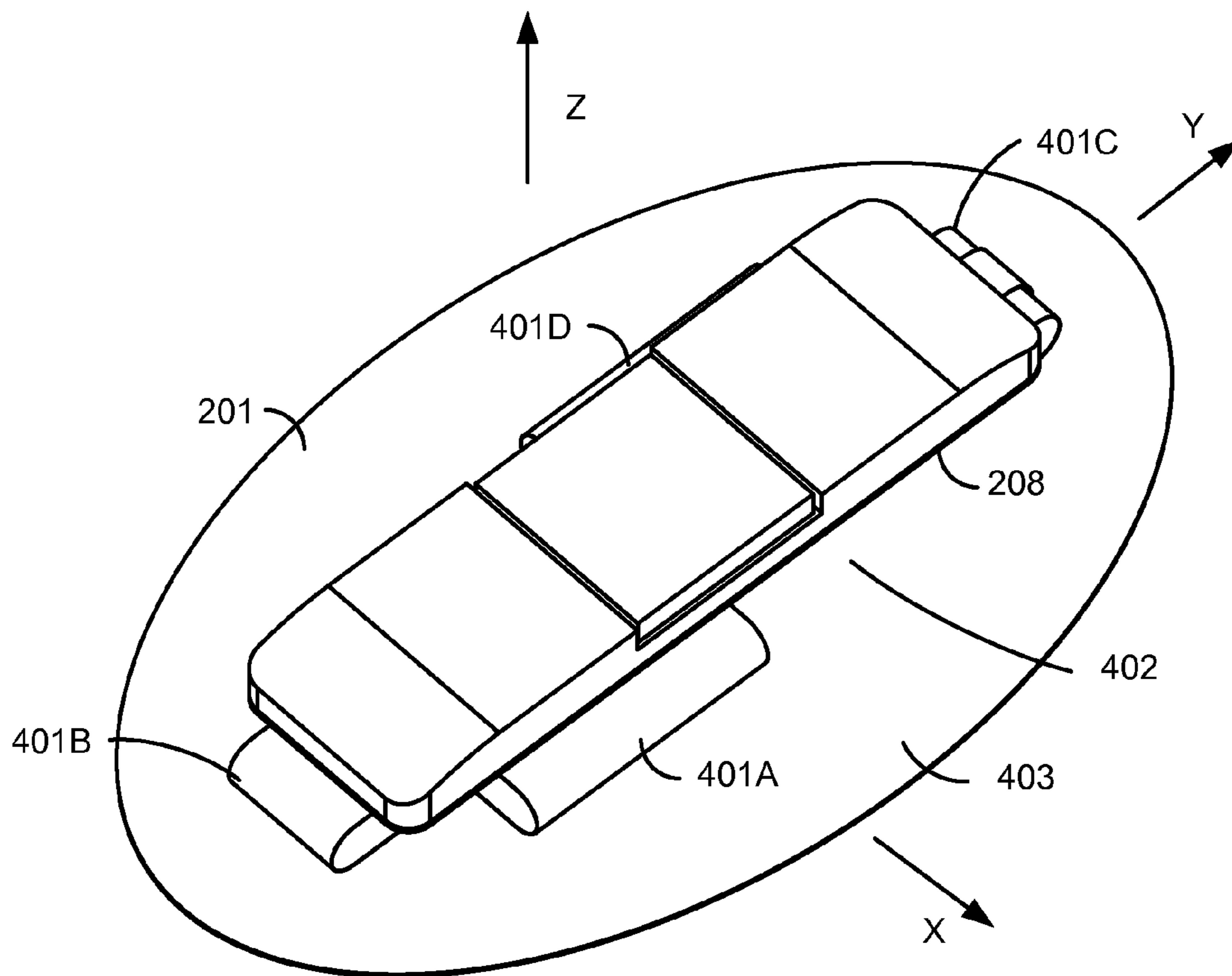


FIG. 4

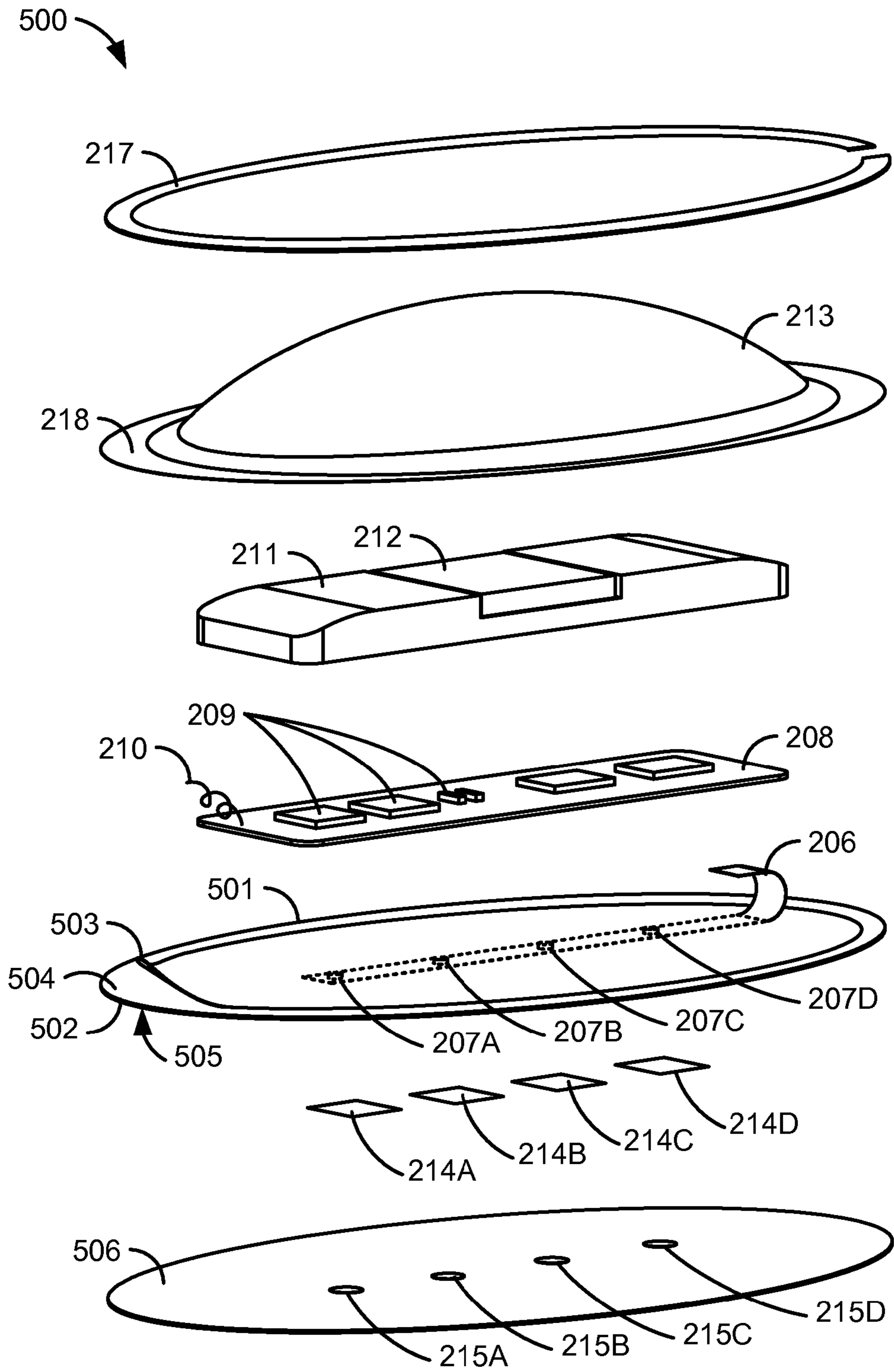


FIG. 5

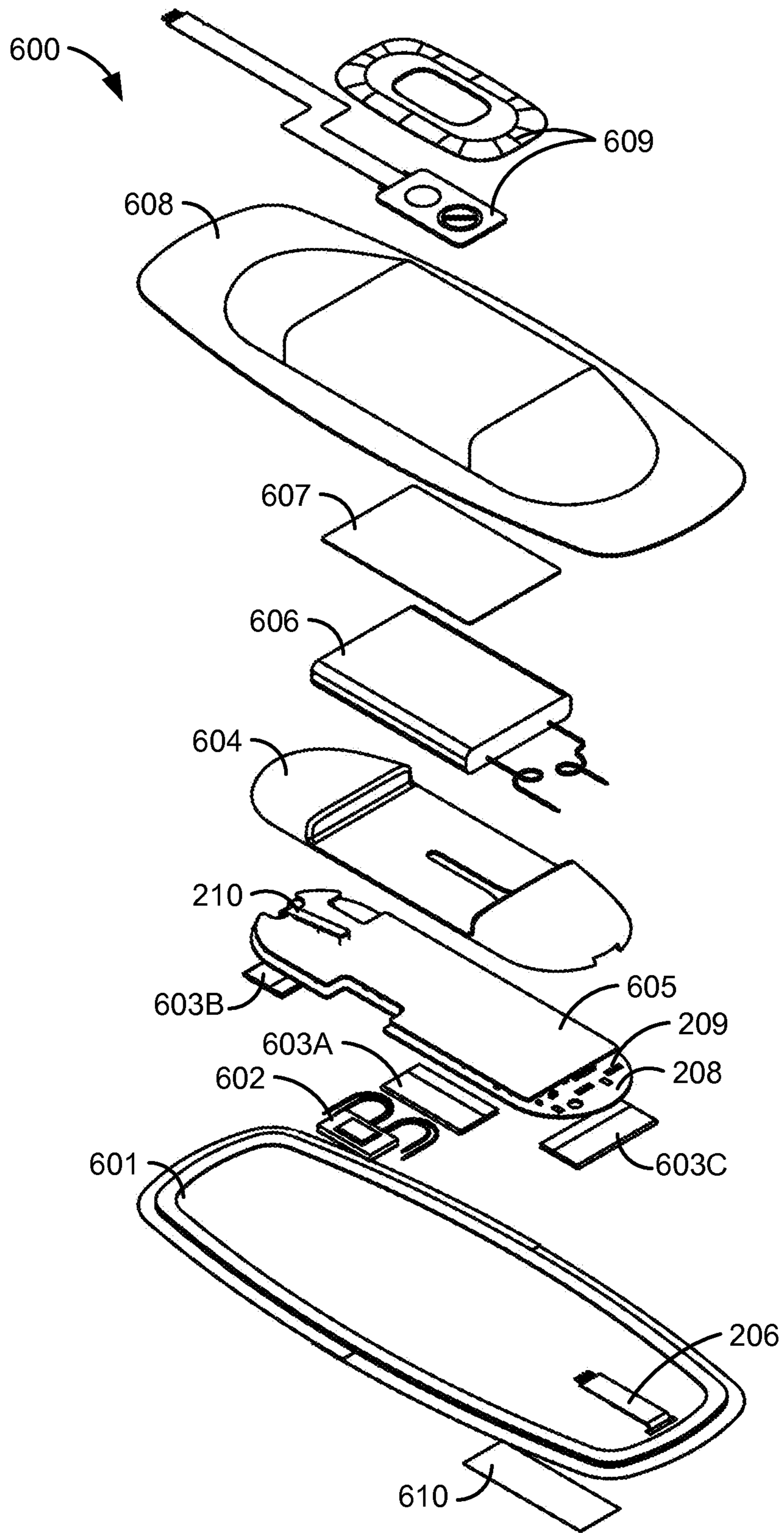


FIG. 6

BODY ADHERENT PATCH WITH ELECTRONICS FOR PHYSIOLOGIC MONITORING

This application claims priority from provisional U.S. Patent Application No. 61/286,075, titled "Body Adherent Patch with Electronics for Physiologic Monitoring" and filed Dec. 14, 2009, the entire disclosure of which is hereby incorporated by reference herein for all purposes.

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention relates to physiologic monitoring and/or therapy. Although embodiments make specific reference to monitoring impedance and electrocardiogram signals with an adherent device, the system methods and devices described herein may be applicable to many applications in which physiological monitoring and/or therapy is used for extended periods, for example wireless physiological monitoring for extended periods.

Patients are often treated for diseases and/or conditions associated with a compromised status of the patient, for example a compromised physiologic status. In some instances, a patient may report symptoms that require diagnosis to determine the underlying cause. For example, a patient may report fainting or dizziness that requires diagnosis, in which long term monitoring of the patient can provide useful information as to the physiologic status of the patient. In some instances a patient may have suffered a heart attack and require care and/or monitoring after release from the hospital. One example of a device to provide long term monitoring of a patient is the Holter monitor, or ambulatory electrocardiography device.

In addition to measuring heart signals with electrocardiograms, known physiologic measurements include impedance measurements. For example, transthoracic impedance measurements can be used to measure hydration and respiration. Although transthoracic measurements can be useful, such measurements may use electrodes that are positioned across the midline of the patient, and may be somewhat uncomfortable and/or cumbersome for the patient to wear. In at least some instances, the electrodes that are held against the skin of the patient may become detached and/or dehydrated, such that the electrodes must be replaced, thereby making long term monitoring more difficult.

Work in relation to embodiments of the present invention suggests that known methods and apparatus for long term monitoring of patients may be less than ideal. In at least some instances, devices that are worn by the patient may be somewhat uncomfortable. Although devices that adhere measurement electrodes and measurement circuitry to the skin with an adhesive can provide improved comfort, work in relation to embodiments of the present invention suggests that the adhesive of such devices can detach from the skin of the patient sooner than would be ideal. These limitations of current devices may lead to patients not wearing the devices as long as would be ideal and not complying with direction from the health care provider in at least some instances, such that data collected may be less than ideal.

Similar difficulties may arise in the monitoring of other subjects, such as persons in non-medical settings, or in the monitoring of animals such as veterinary, agricultural, or wild animal monitoring. Therefore, a need exists for improved subject monitoring. Ideally, such improved subject monitoring would avoid at least some of the shortcomings of the present methods and devices. Ideally, such

improved devices will allow an adherent device to be adhered to the skin of the subject with an adhesive so as to carry associated electronics comfortably with the skin of the subject for an extended period.

2. Description of the Background Art

The following U.S. Patents and Publications may describe relevant background art: U.S. Pat. Nos. 3,170,459; 3,805,769; 3,845,757; 3,972,329; 4,141,366; 4,522,211; 4,669,480; 4,838,273; 5,133,355; 5,150,708; 5,450,845; 5,511,533; 5,607,454; 6,141,575; 6,198,955; 6,327,487; 6,795,722; 7,395,106; 2004/0006279; 2004/0015058; 2006/0264730; 2007/0106132; 2007/0208262; 2007/0249946; 2007/0255184; 2008/0171929; 2007/0276273; and 2009/0182204.

BRIEF SUMMARY OF THE INVENTION

In many embodiments, an adherent device to adhere to a skin of a subject comprises a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of the subject. The base layer has at least two openings extending therethrough, each of the at least two openings having a size. The adherent device also comprises a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets, and at least two gels, each gel having a size larger than the size of the at least two openings to retain said gel substantially within said pocket. The adherent device further comprises a circuit carrier supported with the stretchable base layer to measure at least one physiologic signal of the subject. The subject may comprise a person, an athlete, a patient, or an animal such as a domesticated or a wild animal.

According to some embodiments, an adherent device to monitor a subject having a skin comprises a stretchable base layer having an upper side and a lower side and an adhesive coating disposed on the lower side to adhere the base layer to the skin of the subject. The base layer has at least two openings extending therethrough, each opening having a size. The adherent device further includes a flexible circuit support having at least two electrodes disposed thereon, each electrode positioned with a respective one of the at least two openings to couple to the skin of the subject. At least two gels are positioned with the at least two openings in the base layer, each gel having a size larger than the size of said each opening. The device also includes a stretchable covering layer positioned above the at least two gels and adhered to the base layer, such that each gel is constrained substantially within a corresponding pocket disposed between the base layer and the covering layer. The adherent device further includes a circuit carrier holding electronic components electrically connected to the at least one electrode with the flexible circuit support to measure at least one physiologic signal of the subject.

In some embodiments, each of the gels and each of the pockets is sized larger than a corresponding opening of the stretchable base layer to retain said gel in said pocket when the stretchable base layer is adhered to the skin of the subject. In some embodiments, the stretchable base layer comprises a thin, flexible, stretchable base layer to stretch with the skin of the subject and conform to folds of the skin of the subject. In some embodiments, the stretchable covering layer comprises a thin, flexible, stretchable covering layer to stretch with the skin of the subject and conform to folds of the skin of the subject. The adherent device may further include a thin, flexible, stretchable overlayer dis-

posed above and adhered to the covering layer. The overlayer may be made of woven fabric.

In some embodiments, the adherent device further comprises a stiffening structure disposed over and coupled to a common perimeter of the base and covering layers and configured to stiffen the perimeter edges of the base and covering layers. The stiffening structure may be configured to be removable after the adherent device is adhered to the subject. In some embodiments, the adherent device further comprises a thin, flexible, stretchable overlayer disposed above and adhered to the covering layer, and the stiffening structure is disposed over and coupled to a common perimeter of the base and covering layers and the overlayer, and the stiffening structure is configured to stiffen the perimeter edges of the base and covering layers and the overlayer. The adherent device according to these embodiments may further include a soft, flexible cover disposed over the circuit carrier and coupled at a common perimeter to the base and covering layers. The cover may comprise a material configured to inhibit liquids from reaching the electronic components. A perimeter of the cover may be disposed under the stiffening structure. In some embodiments, the flexible circuit is configured to be stretchable.

In some embodiments, the flexible circuit is formed of a substantially non-stretchable material, and is geometrically configured to be stretchable. In some embodiments, the flexible circuit comprises a polyester base and traces formed of silver conductive ink. The flexible circuit may comprise a serpentine shape. The flexible circuit may be disposed between the base layer and the covering layer.

In some embodiments, the adherent device further comprises a compliant connection between the circuit carrier and the base layer. In some embodiments, the combination of the base layer and the covering layer is breathable. The combination of the base layer and the covering layer may have a moisture vapor transmission rate of at least 100 g/m²/day.

According to some embodiments, an adherent device comprises a thin, flexible, stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side. At least one electrode is affixed to the base layer and is capable of electrically coupling to the skin of a subject. A flexible circuit is connected to the at least one electrode, and a circuit carrier holding electronic components is electrically connected to the at least one electrode via the flexible circuit and configured to measure at least one physiologic signal of the subject. The adherent device further includes a stiffening structure disposed over and coupled to a perimeter of the base layer and configured to stiffen the perimeter edge of the base layer. In some embodiments, the stiffening structure is configured to be removable when the adherent device is adhered to the subject. The stiffening structure may be made from a vinyl sheet.

In some embodiments, the adherent device further comprises a thin, flexible, stretchable overlayer disposed above and adhered to the base layer, and the stiffening structure is disposed over and coupled to a common perimeter of the base layer and overlayer and is configured to stiffen the perimeter edge of the base layer and overlayer. According to some embodiments, the adherent device further includes a gel patch under each electrode, and each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject. The flexible circuit is configured to be stretchable.

In some embodiments, the adherent device further comprises a soft, flexible cover disposed over the circuit carrier and coupled at a perimeter to the base layer. The cover may comprise a material configured to inhibit liquids from reach-

ing the electronic components. The lower side of the base layer is configured to adhere to the skin of a subject.

In some embodiments, the adherent device further comprises a thin, flexible, stretchable underlayer adhered to the lower side of the base layer, the underlayer configured to adhere to the skin of the subject. The combination of the base layer and underlayer may be breathable. The combination of the base layer and underlayer may have a moisture vapor transmission rate of at least 100 g/m²/day.

In some embodiments, the adherent device further comprises a gel patch under each electrode, and each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject, and a perimeter of each gel patch is sandwiched between the base layer and the underlayer. In some embodiments, the underlayer comprises at least one opening through which electrical contact is made between the at least one electrode and the skin of the subject. The adherent device may further include a compliant connection between the circuit carrier and the base layer.

According to some embodiments, an adherent device comprises a thin, flexible, stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side. At least one electrode is affixed to the base layer and capable of electrically coupling to the skin of a subject. A flexible circuit is connected to the at least one electrode, and is configured to stretch. The adherent device further includes a circuit carrier holding electronic components electrically connected to the at least one electrode via the flexible circuit and configured to measure at least one physiologic signal of the subject.

In some embodiments, the flexible circuit is formed of a substantially non-stretchable material, and is geometrically configured to be stretchable. In some embodiments, the flexible circuit comprises a polyester base and traces formed of silver conductive ink. The flexible circuit may comprise a serpentine shape. The flexible circuit may comprise a sawtooth shape.

In some embodiments, the adherent device further comprises gel patch under each electrode, and each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject. In some embodiments, the base layer is configured to adhere to the skin of the subject, and the adherent device further comprises a thin, flexible, stretchable overlayer disposed above and adhered to the base layer. In some embodiments, the adherent device further comprises a thin, flexible, stretchable underlayer disposed below and adhered to the base layer, and the underlayer is configured to adhere to the skin of the subject. In some embodiments the adherent device further comprises a stiffening structure disposed over and coupled to a perimeter of the base layer and configured to stiffen the perimeter edge of the base layer. The adherent device may comprise a compliant connection between the circuit carrier and the base layer.

According to some embodiments, an adherent device to monitor a subject having a skin comprises a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of a subject. The base layer has at least two openings extending therethrough, each of the at least two openings having a size. A stretchable covering layer is positioned above and adhered to the base layer with an adhesive to define at least two pockets. The adherent device further comprises a flexible circuit support that includes a first portion and a second portion, the first portion of the support adhered between the stretchable base layer and the stretchable covering layer, the second portion extending from the

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first portion. At least two electrodes are disposed on the first portion of the flex circuit support. The adherent device further includes at least two gels, and each gel and each electrode are positioned within a corresponding pocket, each gel having a size larger than the size of the respective opening to retain said gel substantially within said pocket between the base layer and the covering layer. The adherent device further includes a circuit carrier supported with the stretchable base layer, the circuit carrier holding electronic components electrically connected to the at least two electrodes with the second portion of the flexible circuit support to relieve strain when the stretchable base layer stretches with the skin of the subject, the electronic components configured to measure at least one physiologic signal of the subject.

According to some embodiments, a method of manufacturing an adherent device to adhere to a skin of a subject comprises providing a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of a subject. The base layer has at least two openings extending there-through, each of the at least two openings having a size. The method further comprises providing a flexible circuit support having at least two electrodes and traces of electrically conductive material disposed thereon, providing at least two gels, and providing a stretchable covering layer. The method further comprises positioning the flexible circuit support and at least two gels between the stretchable base layer and the stretchable covering layer, and adhering the stretchable base layer to the stretchable covering layer to form at least two pockets, wherein each pocket has one of the at least two gels and one of the electrodes disposed therein. The method also includes coupling a circuit carrier to the at least two electrodes with the flexible circuit support.

According to some embodiments, a method of monitoring a patient having a skin comprises adhering a stretchable base layer affixed to a stretchable covering layer to the skin of the patient. The stretchable base layer and the stretchable covering layer define a plurality of pockets with gels and electrodes disposed therein and the electrodes are coupled to the skin with the gels disposed in the pockets. The method further comprises measuring signals from the electrodes to monitor the patient.

According to some embodiments, an adherent device to adhere to a skin of a subject comprises means for adhering to a skin of a subject, and a circuit carrier means coupled to the means for adhering to measure at least one physiologic signal of the subject.

Other embodiments are also described and claimed.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 shows a patient and a monitoring system comprising an adherent device, in accordance with embodiments of the present invention.

FIG. 2A shows a partial exploded perspective view of an adherent device as in FIG. 1, in accordance with embodiments of the invention.

FIG. 2B illustrates an exploded view of a support patch, according to embodiments of the invention.

FIG. 2C shows a bottom view of the support patch of FIG. 2B.

FIG. 3 shows a flexible circuit that is configured to be stretchable, in accordance with embodiments of the invention.

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FIG. 4 illustrates a compliant connection between a circuit carrier and a base layer, in accordance with embodiments of the invention.

FIG. 5 illustrates an exploded view of an adherent device in accordance with additional embodiments of the invention.

FIG. 6 illustrates an exploded oblique view of an adherent device in accordance with additional embodiments of the invention.

DETAILED DESCRIPTION OF THE INVENTION

Embodiments of the present invention relate to subject monitoring and/or therapy. Although embodiments make specific reference to monitoring impedance and electrocardiogram signals with an adherent device, the system methods and device described herein may be applicable to any application in which physiological monitoring and/or therapy is used for extended periods, for example wireless physiological monitoring for extended periods.

Embodiments of the present invention can be particularly well suited for use with an adherent device that comprises a support, for example a patch that may comprise stretchable tape, such that the support can be configured to adhere to the subject and support the electronics and sensors on the subject. The support may also be porous and breathable so as to allow water vapor transmission, for example as described U.S. Pat. Pub. No. 2009/0076363, the full disclosure of which is incorporated herein by reference and suitable for combination in accordance with some embodiments of the present invention described herein. The adherent device may comprise a cover and electronic components disposed on a carrier coupled to the support so as to provide strain relief, such that the support can stretch and flex with the skin of the subject. The embodiments described herein can be particularly useful to inhibit motion of the electronics circuitry carrier when the support stretches and flexes, so as to decrease localized loading of the support that may contribute to peeling. When forces are localized near an edge of the adherent device, for example when the carrier moves against a cover, the localized forces may cause peeling near the edge, and the embodiments described herein can inhibit such localized forces with a compliant structure that inhibits motion of the carrier relative to the support and also allows the support to stretch.

FIG. 1 shows an example subject, patient P, and a monitoring system 10. Patient P comprises a midline M, a first side S1, for example a right side, and a second side S2, for example a left side. Monitoring system 10 comprises an adherent device 100. Adherent device 100 can be adhered to a patient P at many locations, for example thorax T or arm A of patient P. In many embodiments, the adherent device may adhere to one side of the patient, from which side data can be collected. Work in relation with embodiments of the present invention suggests that location on a side of the patient can provide comfort for the patient while the device is adhered to the patient.

Monitoring system 10 includes components to transmit data to a remote center 106. Remote center 106 can be located in a different building from a subject such as patient P, for example in the same town as the subject, and can be located as far from the subject as a separate continent from the subject, for example the subject located on a first continent and the remote center located on a second continent. Adherent device 100 can communicate wirelessly to an intermediate device 102, for example with a single wireless hop from the adherent device on the subject to the interme-

diate device. Intermediate device **102** can communicate with remote center **106** in many ways, for example with an internet connection and/or with a cellular connection. In many embodiments, monitoring system **10** comprises a distributed processing system with at least one processor comprising a tangible medium on device **100**, at least one processor on intermediate device **102**, and at least one processor **106P** at remote center **106**, each of which processors can be in electronic communication with the other processors. At least one processor **102P** comprises a tangible medium **102T**, and at least one processor **106P** comprises a tangible medium **106T**. Remote processor **106P** may comprise a backend server located at the remote center. Remote center **106** can be in communication with a health care provider **108A** with a communication system **107A**, such as the Internet, an intranet, phone lines, wireless and/or satellite phone. Health care provider **108A**, for example a family member, can be in communication with patient P with a communication, for example with a two way communication system, as indicated by arrow **109A**, for example by cell phone, email, landline. Remote center **106** can be in communication with a health care professional, for example a physician **108B**, with a communication system **107B**, such as the Internet, an intranet, phone lines, wireless and/or satellite phone. Physician **108B** can be in communication with patient P with a communication, for example with a two way communication system, as indicated by arrow **109B**, for example by cell phone, email, landline. Remote center **106** can be in communication with an emergency responder **108C**, for example a **911** operator and/or paramedic, with a communication system **107C**, such as the Internet, an intranet, phone lines, wireless and/or satellite phone. Emergency responder **108C** can travel to the patient as indicated by arrow **109C**. Thus, in many embodiments, monitoring system **10** comprises a closed loop system in which patient care can be monitored and implemented from the remote center in response to signals from the adherent device.

In many embodiments, the adherent device may continuously monitor physiological parameters, communicate wirelessly with a remote center, and provide alerts when necessary. The system may comprise an adherent patch, which attaches to the subject's thorax and contains sensing electrodes, battery, memory, logic, and wireless communication capabilities. In some embodiments, the device can communicate with the remote center, via the intermediate device in the subject's home. In some embodiments, the remote center **106** receives the patient data and applies a patient evaluation and/or prediction algorithm. When a flag is raised, the center may communicate with the patient, hospital, nurse, and/or physician to allow for therapeutic intervention, for example to prevent decompensation.

In many embodiments, the adherent device may comprise a reusable electronics module with replaceable patches, and each of the replaceable patches may include a battery. The module may collect cumulative data for approximately 90 days and/or the entire adherent component (electronics+ patch) may be disposable. In a completely disposable embodiment, a "baton" mechanism may be used for data transfer and retention, for example baton transfer may include baseline information. In some embodiments, the device may have a rechargeable module, and may use dual battery and/or electronics modules, wherein one module **101A** can be recharged using a charging station **103** while the other module **101B** is placed on the adherent patch with connectors. In some embodiments, the intermediate device **102** may comprise the charging module, data transfer, storage and/or transmission, such that one of the electronics

modules can be placed in the intermediate device for charging and/or data transfer while the other electronics module is worn by the subject.

System **10** can perform the following functions: initiation, programming, measuring, storing, analyzing, communicating, predicting, and displaying. The adherent device may contain a subset of the following physiological sensors: bioimpedance, respiration, respiration rate variability, heart rate (ave, min, max), heart rhythm, heart rate variability (hereinafter "HRV"), heart rate turbulence (hereinafter "HRT"), heart sounds (e.g. S3), respiratory sounds, blood pressure, activity, posture, wake/sleep, orthopnea, temperature/heat flux, and weight. The activity sensor may comprise one or more of the following: ball switch, accelerometer, minute ventilation, HR, bioimpedance noise, skin temperature/heat flux, BP, muscle noise, posture. Additional details about the use of an adherent patch to measure particular physiologic signals may be found in co-pending U.S. patent application Ser. No. 12/209,273 (publication 2009/0076363) and Ser. No. 12/209,288 (publication 2009/0076345), both filed on Sep. 12, 2008 and titled "Adherent Device with Multiple Physiologic Sensors"

The adherent device can wirelessly communicate with remote center **106**. The communication may occur directly (via a cellular or Wi-Fi network), or indirectly through intermediate device **102**. Intermediate device **102** may consist of multiple devices, which can communicate wired **104** or wirelessly to relay data to remote center **106**.

In many embodiments, instructions are transmitted from remote site **106** to a processor supported with the adherent patch on the subject, and the processor supported with the subject can receive updated instructions for the subject treatment and/or monitoring, for example while worn by the subject.

In order for complete and reliable data to be gathered by system **10**, and for optimal subject comfort, it is desirable that adherent device **100** remain securely attached to subject for a predetermined period of time, for example one week, or two weeks or more. If adherent device **100** becomes dislodged prematurely, such that one or more of the sensing electrodes no longer makes secure contact with the subject's skin, valuable medical or other data may be lost. For example, a dislodged adherent device **100** may also need to be replaced, causing discomfort for a patient, inconvenience for medical personnel, and unwanted expense.

Various adhesion failure mechanisms have been noted. Normal subject activity may result in adherent device **100** being stretched, bumped, jostled, or otherwise moved in a way that tends to stress the adhesive joint with the subject's skin. This may be especially true for an adherent device that is worn for a long period of time, during which the subject may wish to carry on normal activities, including exercise, bathing, and the like. The edges of the support patch may be especially prone to separation from the skin, and may form pathways for ingress of moisture, which can accelerate the deterioration of the adhesive bond between the adherent device and the skin. The difficulty of maintaining a secure bond to the subject's skin may be further exacerbated as it becomes desirable to add new features and capabilities to a device such as adherent device **100**. For example, in order to extend the working life of adherent device **100** or to provide sophisticated features, it may be desirable to include a battery having considerable weight, and additional electronics or packaging as compared with previous designs. The combined weight of the battery and electronics may be as much as 60 grams or more, such that jostling of the unit may impart significant inertial loads on the bond with the sub-

ject's skin. In addition, the position of the adherent device may affect the durability of the adhesive bond with the subject's skin. For example, especially useful electrocardiogram readings may be obtained by a device placed between a patient's left clavicle and left nipple. However, this area is also prone to stretching, and may present a difficult site for long-term adhesion. Even if an alternative site is used, for example along the patient's rib line, enhanced adhesion durability is desirable.

In addition to the medical setting described above, embodiments of the present invention may also be used in non-medical settings, and on subjects other than human medical patients. For example, an adherent device according to embodiments of the invention may be used to monitor the heart rate or other data of an athlete during exercise. In another setting, an adherent device according to embodiments of the invention may be used to monitor an animal for agricultural research, veterinary medical testing or treatment, or other purposes. For the purposes of this disclosure, a subject is any human or animal to which an adherent device according to embodiments of the invention may be adhered, for any purpose. While certain example uses of adherent devices are described herein in relation to monitoring or treatment of a medical patient, the appended claims are not so limited. Whatever the setting or subject, embodiments of the present invention provide improved durability of the adhesive bond between the adherent device and the subject's skin, as compared with prior adherent devices.

FIG. 2A shows a partial exploded perspective view of adherent device **100** as in FIG. 1, in accordance with embodiments of the invention. Adherent device **100** comprises a support patch **201**, which may further comprise a base layer **202** and a covering layer **203**. Base layer **202** is stretchable, and has an upper side **204** and a lower side **205**, and an adhesive coating on lower side **205** to adhere base layer **202** to the skin of a subject. Covering layer **203** is also stretchable, and is positioned above and adhered to base layer **202**. FIG. 2B illustrates an exploded view of support patch **201**, according to embodiments of the invention. As is best seen in FIG. 2B, a flexible circuit **206** includes at least two electrodes, for example electrodes **207A**, **207B**, **207C**, and **207D** that during use are in electrical contact with the skin of the subject. Flexible circuit **206** may also sometimes be called a flexible circuit support. Flexible circuit **206** electrically connects electrodes **207A**, **207B**, **207C**, and **207D** to a circuit carrier **208**, which holds electronic components **209** configured to measure at least one physiologic signal of the subject. Electronic components **209** may include an antenna **210** so that adherent device **100** can communicate its readings for remote monitoring. Circuit carrier **208** may be mechanically connected to and supported by base layer **202** by any suitable means, including those discussed in more detail below.

Adherent device **100** may further comprise a housing **211** that fits over electronic components **209**, providing protection, insulation, and cushioning for electronic components **209**. Housing **211** may further include features for holding a battery **212**. Housing **211** may be made, for example of a soft silicone rubber. In other embodiments, housing **211** may comprise an encapsulant over electronic components **209** and circuit carrier **208**. Housing **211** may provide protection of electronic components **209** from moisture.

Adherent device **100** may also comprise a cover **213** adhered to support patch **201**. Cover **213** may comprise any known biocompatible cover, casing and/or housing materials, such as elastomers, for example silicone. The elastomer may be fenestrated to improve breathability. In some

embodiments, cover **213** may comprise other breathable materials, for example a cloth including polyester, polyamide, nylon and/or elastane (Spandex™). The breathable fabric may be coated or otherwise configured to make it water resistant, waterproof, for example to aid in wicking moisture away from the patch, or to inhibit liquids from reaching electronic components **209**.

While adherent device **100** is shown as generally oblong and having a length of about two to three times its width, this is not a requirement. One of skill in the art will recognize that other shapes are possible for an adherent device according to embodiments of the invention. For example, support patch **201** could be round, elliptical or oblong with a length only slightly larger than its width, square, rectangular, or some other shape. And while electrodes **207A**, **207B**, **207C**, and **207D** are illustrated as being arranged linearly, this is also not a requirement. One of skill in the art will recognize that electrodes **207A**, **207B**, **207C**, and **207D** could be arranged in any pattern suitable for the intended use of adherent device **100**, including in a circular, oblong, square, rectangular, or other pattern.

Referring again to FIG. 2B, base layer **202** includes at least two openings, in this case four openings **215A**, **215B**, **215C**, and **215D**, each corresponding to one of electrodes **207A**, **207B**, **207C**, and **207D**. Each opening is of a certain size. Gels **214A**, **214B**, **214C**, and **214D** are placed at the openings, between base layer **202** and covering layer **203**. Each of gels **214A**, **214B**, **214C**, and **214D** comprises a hydrogel patch of electrically conductive gel material that enhances electrical conductivity between its respective electrode and the skin of the subject. For example, the gels **214A**, **214B**, **214C**, and **214D** may be made of hydrogel adhesive 9880 available from the 3M Company of St. Paul, Minn., USA, or another suitable material.

Each of gels **214A**, **214B**, **214C**, and **214D** is larger than its respective opening **215A**, **215B**, **215C**, or **215D**, such that when covering layer **203** and base layer **202** are adhered together, a pocket is formed over each of openings **215A**, **215B**, **215C**, and **215D**, with one of gels **214A**, **214B**, **214C**, and **214D** retained in each respective pocket.

Preferably, base layer **202**, covering layer **203**, or both are thin, flexible, and stretchable to stretch with the skin of the subject and conform to folds of the skin of the subject. For example, either or both of these layers may be made of MED 5021 polyurethane film available from Avery Dennison Corporation of Pasadena, Calif., USA, or Tegaderm™ film available from the 3M Company of St. Paul, Minn., USA. Other suitable materials may be used.

In some embodiments, support patch **201** may further include an overlayer **216** disposed above and adhered to covering layer **203**. Overlayer **216** is also preferably thin, flexible, and stretchable. For example, overlayer **216** may be made of a woven fabric.

Referring again to FIG. 2A, gels **214A**, **214B**, **214C**, and **214D** are preferably placed under covering layer **203** (and overlayer **216**, if present). Flexible circuit **206** may also be positioned under covering layer **203**, as indicated by the broken line depiction of part of flexible circuit **206** in FIG. 2B. Gels **214A**, **214B**, **214C**, and **214D** may thus be retained in pockets between base layer **202** and covering layer **203**.

Adherent device **100** may further comprise a stiffening structure such as stiffening structure **217** shown in FIG. 2A. In this example embodiment, stiffening structure **217** is configured to adhere to the top of cover **213**, at an outer area **218** of cover **213**. As assembled, stiffening structure **217** is then coupled to a common perimeter of the base and covering layers, so that the perimeter edges of the base and

covering layers are stiffened, for example to prevent curling or unintentional adhesion of the lower side **205** of base layer **202** to itself. Stiffening structure **217** may be made of a material that is stiffer than the materials used in base patch **201**, but still compliant enough to allow base patch **201** to conform to the subject's skin as the patch is adhered to the skin. For example, stiffening structure **217** may be made from a vinyl sheet. Stiffening structure **217** may also be configured to be removable after adherent device **100** is adhered to the subject's skin. For example, stiffening structure **217** may include an adhesive configured to hold stiffening structure **217** in place during application of adherent device **100** to the subject, but to release easily without dislodging adherent device **100** from the subject's skin. In this way, stiffening structure **217** may aid in achieving a secure adhesion of adherent device **100** to the subject, but not interfere with the ability of support patch **201** to conform to wrinkles, folds, and other movements of the subject's skin while adherent device **100** is worn.

FIG. 2C shows a bottom view of support patch **201**, with bottom lower side **205** of base layer **202** visible. Also visible are openings **215A**, **215B**, **215C**, and **215D**, exposing portions of gels **214A**, **214B**, **214C**, and **214D**. Other portions of gels **214A**, **214B**, **214C**, and **214D** are behind base layer **202**, in pockets formed between base layer **202** and covering layer **203**.

In some embodiments, flexible circuit **206** may be made of a flexible material such as polyimide, polyester, or another base material, having circuit traces formed in or on the base material. The circuit traces may be, for example, made of copper, a copper alloy, silver ink, or another conductive material. In one preferred embodiment, flexible circuit **206** comprises a polyester base and traces formed of silver conductive ink. In some embodiments, flexible circuit **206** may be configured to be stretchable, as well as flexible. Even if the material of the flexible circuit **206** is not inherently stretchable, the flexible circuit may be made effectively stretchable by properly configuring its geometric shape. For example, at least the portion of flexible circuit **206** in contact with support patch **201** may have a serpentine shape that allows support patch **201** to stretch and conform itself to the skin of the subject to which adherent device **100** is adhered, without being unduly constrained by flexible circuit **206**. A flexible circuit **206A** having this characteristic is shown in FIG. 3. Other configurations may be used as well. For example, flexible circuit **206A** may have a sawtooth shape, or another shape that enables stretching of the flexible circuit **206A**.

As was mentioned previously, circuit carrier **208** may have a compliant connection to base layer **202**. One exemplary kind of compliant connection is illustrated in FIG. 4. In this connection, bridging loops **401A**, **401B**, **401C**, and **401D** connect from support patch **201** (which includes base layer **202**) to circuit carrier **208**. Loops **401A**, **401B**, **401C**, and **401D** may be made, for example, of a plastic reinforced paper, a plastic film, a fabric, metal, or any other suitable material. Preferably, loops **401A**, **401B**, **401C**, and **401D** permit relatively free rotation of circuit carrier **208** about the X and Y axes illustrated in FIG. 4, but constrain the rotation of circuit carrier **208** about the Z axis. Because each of loops **401A**, **401B**, **401C**, and **401D** connects to support patch **201** at an inner portion **402** rather than at an outer portion **403** of support patch **201**, loads imparted to support patch **201** tend not to disturb the vulnerable perimeter of support patch **201**, where detachment from the subject's skin is especially likely to start. More detail about compliant connections between circuit carrier **208** and base layer **202** may be found in

copending provisional U.S. patent application 61/241,713, filed Sep. 11, 2009 and titled "Electronics Integration in Adherent Patch for Physiologic Monitoring", the entire disclosure of which is hereby incorporated by reference for all purposes.

In some embodiments, base layer **202**, covering layer **203**, or their combination may be breathable. For example, the combination of base layer **202** and covering layer **203** may have a moisture vapor transmission rate of at least 100 g/m²/day.

FIG. 5 illustrates an exploded view of an adherent device **500** in accordance with additional embodiments of the invention. Adherent device **500** includes several components similar to those in adherent device **100**, and similar components are given the same reference numbers in FIG. 5. Adherent device **500** may include different combinations of layers than adherent device **100**.

Adherent device **500** comprises a support patch **501** that includes a base layer **502**. Base layer **502** has an upper side **504** and a lower side **505**. Lower side **505** includes an adhesive coating. At least one electrode, in this example four electrodes **207A**, **207B**, **207C**, and **207D** are affixed to base layer **502** and connected to flexible circuit **206**. Besides being flexible, flexible circuit **206** may also be configured to be stretchable, for example due to its geometric configuration. In some embodiments, a portion of flexible circuit **206** may have a serpentine or sawtooth shape. Circuit carrier **208** holds electronic components **209**, which may include an antenna **210**. Electronic components **209** are electrically connected to electrodes **207A**, **207B**, **207C**, and **207D** and are configured to measure at least one physiologic signal of a subject to which adherent device **500** is adhered.

A stiffening structure **217** may be disposed over and coupled, directly or indirectly, to a perimeter area of base layer **502**, to stiffen the perimeter edge of base layer **502**. In some embodiments, a cover **213** is disposed over circuit carrier **208** and coupled at a perimeter **218** to base layer **502**. In that case, stiffening structure **217** is disposed over and coupled to cover **213**, and is therefore indirectly coupled to base layer **502**. Cover **213** is preferably soft and flexible, and may be made of a material configured to inhibit liquids from reaching electronic components **209**.

Similarly, in some embodiments, an overlayer **503** may be disposed above and adhered to base layer **502**. Overlayer **503** is preferably thin, flexible, and stretchable, and may be made of a woven cloth or another suitable material. When overlayer **503** is present, stiffening structure **217** is also disposed over and coupled to the perimeter of overlayer **503**, and stiffens at least the perimeter edges of the base layer and overlayer. All of the layers of a support patch such as support patch **501** or support patch **201** may be coextensive, having their edges aligned as was shown in FIG. 2C. Alternatively, one or more layers in a support patch may not be coextensive with the others. For example, overlayer **503** is slightly smaller than base layer **502**, so that the edges of base layer **502** extend beyond the edges of overlayer **503**. This arrangement may further reduce the stresses on the edge of base layer **502**, thus promoting long adhesion to the subject to which adherent device **500** is adhered. This arrangement may be used in any of the embodiments described herein.

Adherent device **500** may comprise one or more gel patches **214A**, **214B**, **214C**, and **214D**, one gel disposed under each of electrodes **207A**, **207B**, **207C**, and **207D**. Gel patches **214A**, **214B**, **214C**, and **214D** enhance electrical conductivity between electrodes **207A**, **207B**, **207C**, and **207D** and the skin of a subject to which adherent device **500** is adhered.

In some embodiments, lower side **505** of base layer **502** is configured to adhere to the skin of a subject. In that configuration, gel patches **214A**, **214B**, **214C**, and **214D** are captured between base layer **502** and the subject's skin. Optionally, an underlayer **506** may be provided, adhered to lower side **505** of base layer **504**, and configured to adhere to the skin of a subject. Preferably, underlayer **506** is also thin, flexible, and stretchable. For example, base layer **202**, underlayer **506**, or both may be made of MED 5021 polyurethane film available from Avery Dennison Corporation of Pasadena, Calif., USA, or Tegaderm™ film available from the 3M Company of St. Paul, Minn., USA. Other suitable materials may be used. Underlayer **506** may comprise openings **215A**, **215B**, **215C**, and **215D**, and may capture gels **214A**, **214B**, **214C**, and **214D** in pockets formed between base layer **502** and underlayer **506**.

As in adherent device **100**, adherent device **500** may include a compliant connection between circuit carrier **208** and base layer **502**, for example a compliant connection as shown in FIG. **4** and described previously.

FIG. **6** illustrates an exploded oblique view of an adherent device **600** in accordance with additional embodiments of the present invention. In this embodiment, a support patch **601** may be configured to adhere to a subject's skin, and may be a support patch as in any of the embodiments described above. Support patch **601** may include a base layer, a covering layer, an overlayer, an underlayer, or any workable combination of these. Support patch **601** may include one or more electrodes (not visible in FIG. **6**) electrically connected to a flexible circuit **206**. A label **610** may be affixed to support patch **601**. A circuit carrier **208** holds various electronic components **209**, which may include a processor, memory, wireless communication circuitry, an antenna **210**, and other electronic components. Adherent device **600** may also include a temperature or heat flux sensor **602**. Bridging loops **603A**, **603B**, **603C** (and a fourth bridging loop not visible in FIG. **3B**) are affixed to support patch **201** and to circuit carrier **208**, and form a compliant structure that compliantly restrains motion of circuit carrier **208** with respect to support patch **601** in some degrees of freedom more stiffly than in other degrees of freedom. A housing **604** and protector **605** may insulate, cushion, or otherwise protect circuit carrier **208**. The adherent device may further comprise a battery **606** or other energy source, a battery cover **607**, a cover **608**, and a display **609**.

While exemplary embodiments have been described in some detail, by way of example and for clarity of understanding, those of skill in the art will recognize that a variety of modifications, adaptations, and changes may be employed. Hence, the scope of the present invention should be limited solely by the appended claims.

What is claimed is:

1. An adherent device to adhere to a skin of a subject, comprising: a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of the subject, the base layer having at least two openings extending therethrough, each of the at least two openings having a size; a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets, wherein the stretchable covering layer is thin, flexible, and configured to stretch with the skin of the subject; at least two gels, wherein each gel is positioned within one of the corresponding pockets, each gel having a size larger than the size of the at least two openings to retain said gel substantially within said corresponding pocket; a flexible circuit that includes at least two electrodes in contact with the at least

two gels, the flexible circuit including a first portion located on the upper side of the stretchable base layer and a second portion that extends away from the first portion and through an opening in the stretchable covering layer; a circuit carrier positioned above the stretchable covering layer and supported with the stretchable base layer to measure at least one physiologic signal of the subject, wherein the circuit carrier is connected to the at least two electrodes via the second portion extending through an opening in the stretchable covering layer; and a compliant connection that includes a plurality of bridging loops formed between the upper side of the stretchable base layer and the circuit carrier that permits at least some movement of the circuit carrier in a plane parallel to the stretchable base layer.

2. An adherent device to monitor a subject having a skin, comprising: a stretchable base layer having an upper side and a lower side and an adhesive coating disposed on the lower side to adhere the base layer to the skin of the subject, the base layer having at least two openings extending therethrough, each opening having a size; a flexible circuit having at least two electrodes disposed thereon, each electrode positioned with a respective one of the at least two openings to couple to the skin of the subject the flexible circuit including a first portion located adjacent to the upper side of the stretchable base layer and a second portion that extends away from the stretchable base layer through an opening in a stretchable covering layer; at least two gels positioned with the at least two openings in the base layer, each gel having a size larger than the size of said each opening; the stretchable covering layer positioned above the at least two gels and adhered to the base layer, such that each gel is constrained substantially within a corresponding pocket disposed between the base layer and the covering layer, wherein the stretchable covering layer is thin, flexible, and configured to stretch with the skin of the subject; a circuit carrier positioned above the stretchable covering layer and holding electronic components electrically connected to the at least one electrode via the second portion of with the flexible circuit to measure at least one physiologic signal of the subject; and a compliant connection that includes a plurality of bridging loops formed between an upper side the stretchable base layer and the circuit carrier that permits at least some movement of the circuit carrier in a plane parallel to the stretchable base layer.

3. The adherent device of claim **2** wherein each of the gels and each of the pockets is sized larger than a corresponding opening of the stretchable base layer to retain said gel in said pocket when the stretchable base layer is adhered to the skin of the subject.

4. The adherent device of claim **2** wherein the stretchable base layer comprises a thin, flexible, stretchable base layer to stretch with the skin of the subject and conform to folds of the skin of the subject, and wherein the stretchable covering layer is configured to conform to folds of the skin of the subject.

5. The adherent device of claim **2**, further comprising a thin, flexible, stretchable overlayer disposed above and adhered to the covering layer.

6. The adherent device of claim **2**, wherein the first portion of the flexible circuit is formed of a substantially non-stretchable material, and has a serpentine, sawtooth, or other shape that geometrically configures the flexible circuit to be stretchable along a length of the adherent device.

7. The adherent device of claim **2**, wherein the first portion of the flexible circuit is disposed between the base layer and the covering layer.

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8. An adherent device, comprising:
 a thin, flexible, stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere to the skin of a subject;
 at least one electrode affixed to the base layer and capable of electrically coupling to the skin of the subject;
 a flexible circuit connected to the at least one electrode, wherein the flexible circuit includes a first portion located adjacent to the upper side of the stretchable base layer and a second portion that extends away from the first portion, wherein the second portion of the flexible circuit includes a loop shape to relieve strain when the stretchable base layer stretches with the skin of the subject;
 a circuit carrier holding electronic components electrically connected to the at least one electrode via the second portion of the flexible circuit and configured to measure at least one physiologic signal of the subject;
 a compliant connection that includes a plurality of loops formed between the upper side of the stretchable base layer and the circuit carrier that permits at least some movement of the circuit carrier in a plane parallel to the stretchable base layer, wherein the second portion of the flexible circuit extends around an outer circumference of one of the plurality of loops; and
 a stiffening structure disposed above and coupled to a perimeter of the base layer and configured to stiffen the perimeter edge of the base layer, wherein the stiffening structure is removable.
9. The adherent device of claim 8, further comprising a thin, flexible, stretchable overlayer disposed above and adhered to the base layer, the stiffening structure disposed over and coupled to a common perimeter of the base layer and overlayer and configured to stiffen the perimeter edge of the base layer and overlayer.
10. The adherent device of claim 8, further comprising a gel patch under each electrode, wherein each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject.
11. The adherent device of claim 8, wherein the flexible circuit is configured to be stretchable.
12. An adherent device, comprising:
 a thin, flexible, stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side configured to adhere to a skin of a subject;
 at least one electrode affixed to the base layer and capable of electrically coupling to the skin of a subject;
 a flexible circuit having a first portion located on the upper side of the stretchable base layer that is connected to the at least one electrode and a second portion that extends away from the stretchable base layer, wherein the first portion of the flexible circuit is formed of a substantially non-stretchable material, and has a serpentine, sawtooth, or other shape that geometrically configures the flexible circuit to be stretchable along a length of the adherent device, and wherein the second portion includes a loop shape to relieve strain when the stretchable base layer stretches with the skin of the subject;
 a circuit carrier positioned above and coupled to the flexible circuit, the circuit carrier holding electronic components electrically connected to the at least one electrode via the second portion of the flexible circuit and configured to measure at least one physiologic signal of the subject; and
 a compliant connection formed between the stretchable base layer and the circuit carrier that permits at least

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- some movement of the circuit carrier in a plane parallel to the stretchable base layer.
13. The adherent device of claim 12, further comprising a gel patch under each electrode, wherein each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject.
14. The adherent device of claim 12, further comprising a thin, flexible, stretchable overlayer disposed above and adhered to the base layer.
15. An adherent device to monitor a subject having a skin, comprising:
 a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of a subject, the base layer having at least two openings extending therethrough, each of the at least two openings having a size;
 a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets, wherein the stretchable covering layer is thin, flexible, and configured to stretch with the skin of the subject;
 a flexible circuit comprising a first portion and a second portion, the first portion of the flexible circuit adhered between the stretchable base layer and the stretchable covering layer, the second portion having a loop shape that extends away from the first portion through an opening in the stretchable covering layer, wherein the first portion of the flexible circuit is formed of a substantially non-stretchable material, and has a serpentine, sawtooth, or other shape that geometrically configures the flexible circuit to be stretchable along a length of the adherent device;
 at least two electrodes in contact with the first portion of the flexible circuit;
 at least two gels, wherein each gel and each electrode are positioned within a corresponding pocket, each gel having a size larger than the size of the respective opening to retain said gel substantially within said pocket between the base layer and the covering layer; and
 a circuit carrier positioned above the stretchable covering layer and supported with the stretchable base layer, the circuit carrier holding electronic components electrically connected to the at least two electrodes with the second portion of the flexible circuit to relieve strain when the stretchable base layer stretches with the skin of the subject, the electronic components configured to measure at least one physiologic signal of the subject.
16. An adherent device to adhere to a skin of a subject, comprising:
 means for adhering to a skin of a subject, the means for adhering comprising a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of a subject, the base layer having at least two openings extending therethrough, each of the at least two openings having a size, and the means for adhering further comprising a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets, wherein the stretchable covering layer is thin, flexible, and configured to stretch with the skin of the subject;
 a flexible circuit coupled to the means for adhering, the flexible circuit carrying at least two electrodes disposed on the flexible circuit and positioned to couple to the subject's skin, wherein the flexible circuit further includes a first portion located adjacent to the upper

side of the stretchable base layer and a second portion
 that extends away from the flexible circuit and through
 an opening in the stretchable covering layer; and
 means for enhancing electrical conductivity between the
 electrodes and the subject's skin, 5
 a circuit carrier positioned above the stretchable covering
 layer and coupled to the at least two electrodes via the
 second portion of the flexible circuit, the circuit carrier
 holding circuitry to measure at least one physiologic
 signal of the subject; and 10
 a compliant connection that includes a plurality of loops
 formed between the stretchable base layer and the
 circuit carrier that permits at least some movement of
 the circuit carrier in a plane parallel to the stretchable
 base layer. 15

17. The adherent device of claim **1**, wherein the base
 layer, the adhesive coating, and the covering layer are
 coextensive.

18. The adherent device of claim **2**, wherein the base
 layer, the adhesive coating, and the covering layer are 20
 coextensive.

19. The adherent device of claim **2**, wherein the circuit
 carrier and the electronic components are comprised in a
 reusable electronics module.

20. The adherent device of claim **1**, wherein the second 25
 portion of the flexible circuit includes a loop shape that
 extends around an outer circumference of one of the plu-
 rality of bridging loops.

21. The adherent device of claim **20**, wherein the plurality
 of bridging loops connect to an inner portion of the stretch- 30
 able base layer to prevent loads from being transferred to a
 perimeter of the stretchable base layer.

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